

PerformCARE®		Policy and Procedure
Name of Policy:	Advance Directives	
Policy Number:	PR-023	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	All departments	
Applies to:	Associates	
Original Effective Date:	08/13/03	
Last Revision Date:	09/02/22	
Last Review Date:	03/05/25	
OMHSAS Approval Date:	04/12/24	
Next Review Date:	03/01/26	

Policy: PerformCare will ensure that all network providers are aware of their responsibilities relative to Act 194 of 2004, regarding mental health advance directives for adult Members receiving services from their agency and are educated on the state laws and regulations relative to advance directives. PerformCare will also change policies and procedures to accommodate any updates to these regulations that impact behavioral health/mental health services.

Purpose: Clarify the expectations of and meet state requirements regarding Advance Directives based on state regulations relative to behavioral health services.

Definitions: **Advance Directive:** Pennsylvania Advance Directives Law is limited to those individuals who become incompetent and terminally ill or in a persistent vegetative state. Act 194 of 2004 provides the legal basis for advanced directives for mental health services. There are two types of Advance Directives in Pennsylvania:

1. **Declaration:** A written statement that expresses a Members wishes and instructions for mental health care and mental health care directions and which may contain other specific directions in accordance with Act 194 of 2004.
2. **Mental Health Power of Attorney:** A document that lets the Member decide who they trust to make decisions about their mental health care if necessary.

Acronyms: None

Procedure: 1. PerformCare will maintain written policies and procedures which:

- 1.1. Meet all state requirements for advance directives, which affect mental health services.
 - 1.2. Address advance directives with respect to all adult Members when receiving medical care by or through PerformCare.
2. In accordance with state requirements, all adult Members, who are hospitalized, will be asked if they have Advance Directives. The Member will be informed of their rights under state law by the hospital regarding advanced directives and how to obtain information regarding state law.
3. Members will be informed in writing of PerformCare policy respecting the implementation of those rights including any limitations to implementation.
4. PerformCare does not condition the provision of care or otherwise discriminate against a Member based on whether or not the Member has executed an Advanced Directive.
5. Members may file a complaint concerning noncompliance with advance directive requirements with PerformCare and the State survey and certification agency as provided below and in the Member Handbook.
 - 5.1. PerformCare: 1-888-722-8646
8040 Carlson Rd.
Harrisburg, PA 17112
 - 5.2. State contact:
Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Health & Welfare Building
Room 532
Harrisburg, PA 17120
(717) 783-8982
(800) 254-5164 (toll free number)
6. Any changes to state law regarding advance directives will be provided in writing by PerformCare to Members as soon as possible, but no later than 90 days after the effective date of that change.
 - 6.1. PerformCare will address Member advance directives rights in the Member Handbook.
 - 6.2. Updates will be made using an addendum until such a time reprints of the Handbook are pursued.
7. PerformCare provider agreements with all hospital providers require providers to adhere to all State and Federal laws and regulations, including those addressed in Act 194 of 2004. Providers will ask the Member if they have a mental health declaration or power of attorney; inform persons being discharged from treatment of the availability of mental health declarations and powers of attorney as part of discharge planning and not require mental health declarations or powers of attorney as a condition of treatment.
8. Upon receipt of a call to PerformCare regarding advance directives, staff will inform Members of the following:

- 8.1. Act 194 of 2004 recognizes the right of a Member to control decisions relating to his or her medical care and to give written direction about mental health services including what kind of treatment the Member wants, where the Member wants to receive treatment and specific instructions the Member may have about their treatment.
- 8.2. There are two types of Advance Directives in Pennsylvania:
 - 8.2.1. Declaration: A written statement that expresses a Member's wishes and instructions for mental health care and mental health care directions and which may contain other specific directions in accordance with Act 194 of 2004.
 - 8.2.2. Mental Health Power of Attorney: A document that lets the Member decide who they trust to make decisions about their mental health care if necessary.
- 8.3. Any changes to this law that affect you as a Member will be provided to you in writing by PerformCare as soon as possible, but no later than 90 days after the effective date of the change.
- 8.4. If you receive services from a hospital or other provider where Advance Directives do apply, they can provide you with additional information.
- 8.5. If you have a complaint about Advance Directives, you may file it with the following:
 - 8.5.1. PerformCare 8040 Carlson Rd Harrisburg, PA 17112
 - Or Call PerformCare Member Services at 1-888-722-8646 for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties.
 - Or Call PerformCare Member Services at 1-866-773-7917 for Franklin and Fulton counties.
 - 8.5.2. Pennsylvania Department of Health Division of Acute and Ambulatory Care Health & Welfare Building, Room 532 Harrisburg, PA 17120
 - (717) 783-8982
 - (800) 254-5164 (toll free number)
9. Updates to the Policy and Procedure will be submitted to the State as needed with concurrence from the appropriate County HealthChoices oversight entity or person(s).

Related Policies: None

Related Reports: None

Source Documents

and References: *Act No. 2004-194 Mental Health Declarations and Powers of Attorney*

Superseded Policies

and/or Procedures: None

Attachments: None

Approved by:

A handwritten signature in blue ink, reading "David E. Edwards", written over a horizontal line.

Primary Stakeholder