



Point32Health

# Identifying a Health Care Agent

**Brief overview for Senior Products  
Care Management Staff**

Last reviewed May 2022

Confidential. Please do not distribute.



Attempt  
resuscitation?



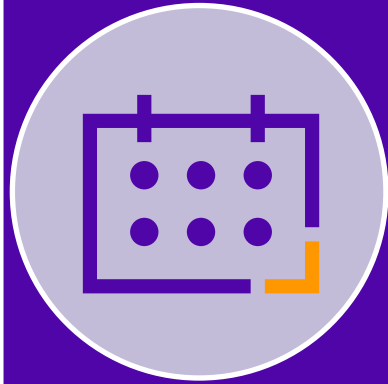
Feeding  
tubes?



Respirators?



Organ  
donations?



Renal  
dialysis?



Transport to  
hospital?

How can we ensure the medical wishes of  
our members are followed?



# Advance Directives defined

- Legal documents conveying decisions about end-of-life care
- Enables communication with family, friends, and health care providers to avoid confusion
- Not required, but instrumental in helping to ensure member's wishes are known

**Did you know?** Massachusetts only has one state-wide legally recognized way for an individual to identify a Health Care Agent to make healthcare decisions on their behalf if they cannot?



# Goals of Advance Directives

- ✓ Protects member's rights to make their own health care decisions
- ✓ Provides opportunity to learn about options for care
- ✓ Encourages discussion of wishes for care with family and PCP
- ✓ Allows individual's wishes to be respected
- ✓ Reduces court involvement
- ✓ Defines legal protection for those who initiate (both physicians and agents)
- ✓ Enhances quality of life



**Point32Health conducts advanced care planning discussions with members early and often, and encourages PCPs to do the same.**

**Point32Health's goal is to have a discussion regarding Advance Directive with all members within the first 90 days of enrollment, and to have an Advance Directive in place within the first year of enrollment.**



# Advance Directive reminders

- Laws are different in every state, and there is no “national form” that can be used
  - New Hampshire, Ohio, Texas and Wisconsin require a mandatory disclosure statement unique to the state. In NH, the user must sign an acknowledgement of receipt of this statement.
  - Indiana has specific language that must be used, and is different from any other state.
  - Missouri, North Carolina, South Carolina and West Virginia require forms to be notarized in addition to being witnessed.
- Individuals should review their Advance Directives periodically, and discuss their wishes with their Health Care Agents



# Advance Directive in MA – Health Care Proxy

In Massachusetts, **Health Care Proxy (HCP)** is the only recognized legal document naming a Health Care Agent.

- Allows you to designate an individual to make health care decisions on your behalf if you are unable to make or communicate your decisions
- Can be a trusted family member, friend, attorney or other designated person
  - Cannot be an operator, administrator or employee of a hospital, nursing home, rest home, etc. where you are currently a patient (unless related by blood, marriage or adoption)



# Advance Directive in MA – Health Care Proxy

In Massachusetts, **Health Care Proxy (HCP)** is the only recognized legal document naming a Health Care Agent.

- In order for a HCP to be legal, two witnesses must sign the document
  - There is no “official” form for a HCP – Point32Health has a HCP form created by Massachusetts Health Decisions available for TMP and SCO members; *The Five Wishes* and *The Conversation Project* also have HCP forms that are honored in Massachusetts
- **At Point32Health** – We require a physician’s letter with notice that a HCP has been activated before the identified agent is given access to PHI
  - Advanced Directive or other Health Care Agent paperwork should be sent to the **Customer Relations Help Desk** for verification





# Additional forms – Living Will

## Living Will

- Written statement of your wishes for medical treatment and end of life care in the event that you are unable to make health care decisions or communicate them directly
  - If you have appointed a HCP, Living Will instructions are generally recognized as evidence of your wishes
- May include provisions instructing physicians of the circumstances in which you want treatment to be withheld or withdrawn, including situations when you do not want drastic life-saving steps taken
- Massachusetts is one of three states that does not have written law recognizing Living Wills as a legal document



# Additional forms – Power of Attorney

## Power of Attorney (POA)/Durable Power of Attorney (DPOA)

- Legal document where you may appoint someone as an Attorney-in-fact to manage your money, property and financial matters on your behalf
  - Durable Power of Attorney is only activated when you are disabled or incapacitated, and are unable to effectively manage these matters
- It is recommended, though not required by law, to have a lawyer assist in creating a POA/DPOA
  - A lawyer can advise how to create your POA/DPOA to allow or forbid various permissions, which may include the ability to make health care choices

# Additional forms – Comfort Care/DNR

## Comfort Care/Do Not Resuscitate (DNR)

- Standardized form reviewed and signed by the member (or their legal representative) and a Physician, Nurse Practitioner (NP), or Physician Assistant (PA)
- Expresses member's wish not to be resuscitated if their heart was to stop or they would stop breathing
  - Generally accepted to cover CPR and advanced cardiac life support (ACLS) – might allow for intubation, as this form does not specifically exclude
- Can include an expiration date, but can also be open-ended
- Member will still receive antibiotics, chemotherapy, dialysis, etc.
- With the MOLST, this is one of the **ONLY** two forms EMTs/paramedics can recognize and honor on the spot

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
COMFORT CARE / DO NOT RESUSCITATE  
("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME  
PATIENT'S FIRST NAME  
DATE OF BIRTH (MM/DD/YYYY)  
GENDER (M, F)  
PATIENT'S MIDDLE NAME OR INITIAL  
STREET OR RESIDENTIAL ADDRESS  
CITY  
STATE  
ZIP CODE (5 or 9 digits)  
LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (if applicable)  
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT  
MIDDLE NAME OR INITIAL  
SIGNATURE OF PATIENT/GUARDIAN/HEALTH CARE AGENT  
DATE  
PHYSICIAN / NURSE PRACTITIONER (NP) / PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN / NP / PA SIGNATURE AND DATES ALWAYS REQUIRED)  
I am an attending physician / NP / PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on \_\_\_\_\_  
This DNR order  does  does not have an expiration date. If there is an expiration date, it is indicated below, and this verification form also expires on that date.  
I hereby direct that all emergency medical services personnel comply with the Massachusetts Department of Public Health, Office of Emergency Medical Services' COMFORT CARE / Do Not Resuscitate Order Verification Protocol with regard to the above named patient.  
Signature of Physician / NP / PA  
Print Name of Physician / NP / PA  
Address of Physician / NP / PA  
Telephone Number of Physician / NP / PA  
Effective Date of CC / DNR Order Verification  
Expiration Date (if any) of DNR Order and CC/DNR Order Verification

# Additional forms – MOLST

## Medical Orders for Life Sustaining Treatment (MOLST)

- Medical order form that relays instructions between health professionals about a patient's care
- Based on an individual's right to accept or refuse medical treatment, including treatments that might extend life
- The process requires discussions between the signing clinician, the patient, and family members/trusted advisors about the patient's current medical condition, what could happen next, possible risks and benefits of treatments that may be offered, and the patient's values and goals for care
- **The signed MOLST form stays with the patient and is to be honored by health professionals in any clinical care situation.**

**MASSACHUSETTS MEDICAL ORDERS** for LIFE-SUSTAINING TREATMENT (MOLST) [www.molst-ma.org](http://www.molst-ma.org)

Patient's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Medical Record Number if applicable: \_\_\_\_\_

**INSTRUCTIONS:** Every patient should receive full attention to comfort.  
→ This form should be signed based on goals of care discussions between the patient (or patient's representative signing below) and the signing clinician.  
→ Sections A-C are valid orders only if Sections D and E are complete. Section F is valid only if Sections G and H are complete.  
→ If any section is not completed, there is no limitation on the treatment indicated in that section.  
→ The form is effective immediately upon signature. Photocopy, fax or electronic copies of properly signed MOLST forms are valid.

<b>A</b> Mark one circle	<b>CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest</b> <input type="radio"/> Do Not Resuscitate <input type="radio"/> Attempt Resuscitation
<b>B</b> Mark one circle	<b>VENTILATION: for a patient in respiratory distress</b> <input type="radio"/> Do Not Intubate and Ventilate <input type="radio"/> Intubate and Ventilate <input type="radio"/> Do Not Use Non-invasive Ventilation (e.g. CPAP) <input type="radio"/> Use Non-invasive Ventilation (e.g. CPAP)
<b>C</b> Mark one circle	<b>TRANSFER TO HOSPITAL</b> <input type="radio"/> Do Not Transfer to Hospital (unless needed for comfort) <input type="radio"/> Transfer to Hospital
<b>PATIENT</b> or patient's representative signature <b>D</b> Required Mark one circle and fill in every line for valid Page 1.	<b>Mark one circle below to indicate who is signing Section D:</b> <input type="radio"/> Patient <input type="radio"/> Health Care Agent <input type="radio"/> Guardian* <input type="radio"/> Parent/Guardian* of minor Signature of patient confirms this form was signed of patient's own free will and reflects his/her wishes and goals of care as expressed to the Section E signer. Signature by the patient's representative (indicated above) confirms that this form reflects his/her assessment of the patient's wishes and goals of care, or if those wishes are unknown, his/her assessment of the patient's best interests. *A guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's authority. Signature of Patient (or Person Representing the Patient) _____ Date of Signature _____ Legible Printed Name of Signer _____ Telephone Number of Signer _____
<b>CLINICIAN</b> signature <b>E</b> Required Fill in every line for valid Page 1.	Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section D. Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Date and Time of Signature _____ Legible Printed Name of Signer _____ Telephone Number of Signer _____
<b>Optional</b> Expiration date (if any) and other information	This form does not expire unless expressly stated. Expiration date (if any) of this form: _____ Health Care Agent Printed Name _____ Telephone Number _____ Primary Care Provider Printed Name _____ Telephone Number _____

**SEND THIS FORM WITH THE PATIENT AT ALL TIMES.**  
HIPAA permits disclosure of MOLST to health care providers as necessary for treatment.

Approved by DPH August 10, 2013 MOLST Form Page 1 of 2

# Additional forms – MOLST

## Medical Orders for Life Sustaining Treatment (MOLST)

- MOLST can cover:
  - Do Not Resuscitate/Attempt Resuscitation
  - Do Not Intubate and Ventilate/Intubate and Ventilate
  - Do Not Use Non-invasive Ventilation (e.g. CPAP)/Use Non-invasive Ventilation
  - Do Not Transfer to Hospital (unless needed for comfort)/Transfer to Hospital
- Additional preferences include:
  - Use intubation and ventilation as described, but short term only
  - Use non-invasive ventilation as marked, but short term only
  - No dialysis/Use dialysis/Use dialysis, but short term only
  - No artificial nutrition/Use artificial nutrition/for short term only
  - No artificial hydration/Use artificial hydration/for short term only

# Role of the Primary Care Manager

- Educate member (what they are, why they are important)
- Encourage members to complete
- Ensure the PCP and PCT are aware
- **Document in CaseTrakker** on the Member File screen

The screenshot shows the 'Advance Directives' tab selected in the CaseTrakker Member File screen. The 'Goals of Care' dropdown menu is set to 'Longevity'. Below this, a table lists document entries with columns for Date Entered, Member Document, Location of Docs, Document Status, and Notes. A button at the bottom left reads 'Click here to add a new Advance Directive'.

Date Entered	Member Document	Location of Docs	Document Status	Notes
05/20/2022	Healthcare Proxy	HCP/POA has it	Papers Completed	HCP identified as Luke Skywalker (mentee)

# THP HIPAA forms – Could they be a Health Care Agent?

Generally – **no**. Members who complete an AOR do allow another person to make decisions on their behalf, though these are generally related to THP business, and are not necessarily going to be recognized by a provider.

## Corro Letter (HIPAA Privacy Letter)

- Grants access to PHI
- Does **not** allow this person to make decisions on behalf of the member
- Can reflect verbal permission, and can change at any time
- Created by CR/Senior Products Admin Team

## Authorization to Disclose Protected Health Information (HIPAA FOR THP)

- Grants access to PHI
- Does **not** allow this person to make decisions on behalf of the member
- Form must be signed by member, and good forever (or as long as member designates)
- Completed forms forwarded to CR Help Desk

## Appointment of Representative form (AOR for THP)

- Grants access to PHI
- **Does** allow this person to make decisions on behalf of the member
- Form must be signed by member, and good for one year
- Completed forms forwarded to CR Help Desk



# Requesting documents

**Remember that all documents sent to SCO members must be approved by EOHHS, and all documents sent to TMP/SCO members must have a CMS Tracking Number!**

- TMP and SCO both have approved versions of a MA Health Care Proxy form and MOLST form, in addition to *The Conversation Project* and *The Five Wishes* workbooks
- Task the member's Care Coordinator/Admin Team to have these resources sent directly to the member and their caregiver(s)/family
- Point32Health Staff (including GSSCs) may provide one witness signature on the member's HCP; Nurse Practitioners are not allowed to sign a MOLST form with the member, but may assist with education
- There are translations of MOLST forms for training, but the form must be in English to be honored by EMTs/paramedics





# Questions?

**If you need a legal document reviewed to identify a Personal Representative or Health Care Agent, consult the Customer Relations Help Desk.**