



Policy: GG.1506
Title: **Guidelines for Advance Directives for CalOptima Health Members**

Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 06/01/1996
Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines CalOptima Health's responsibility to provide Advance Directive information to CalOptima Health Members.

II. POLICY

- A. CalOptima Health shall inform Members of their right to make decisions concerning their medical care.
- B. Completion of an Advance Directive is not a condition for a Member to receive or continue to receive Covered Services under CalOptima Health's programs.

III. PROCEDURE

- A. CalOptima Health shall provide a Member with information regarding Advance Directives upon enrollment through the CalOptima Health Member Handbook/Evidence of Coverage (EOC) in accordance with CalOptima Health Policies DD.2005: Member Informing Materials Requirements, and MA.4008: Member Handbook Requirements.
- B. Upon receipt of a CalOptima Health Member's, or CalOptima Health Member's Authorized Representative's, request for information about Advance Directives, CalOptima Health's Case Management or Customer Service Department shall mail an Advance Directive information sheet to the Member.
- C. Upon a CalOptima Health Member's, or CalOptima Health Member's Authorized Representative's, request for assistance with making Advance Directive decisions, CalOptima Health's Case Management Department shall provide the Member with information on what an Advance Directive is and available options to put a valid Advance Directive in place.
 - 1. CalOptima Health's Case Management Department shall direct the Member to his or her treating practitioner for counseling, as necessary.

2. CalOptima Health's Case Management Department will mail the Member a copy of an Advance Directive document at the Member's request.
3. Advance Directives shall comply with state and federal law requirements and be updated as indicated.

IV. ATTACHMENT(S)

A. Advance Directive Information Sheet

V. REFERENCE(S)

- A. Advance Directives: What You Need to Know
- B. California Probate Code, §§ 4700-4701
- C. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- D. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- E. CalOptima Health Member Handbook/Evidence of Coverage
- F. CalOptima Health Policy DD.2005: Member Informing Materials Requirements
- G. CalOptima Health Policy MA.4008: Member Handbook Requirements
- H. Durable Power of Attorney for Health Care Decisions
- I. Omnibus Budget Reconciliation Act of 1990, Public Law 101-508, § 4206
- J. Title 42, Code of Federal Regulations (CFR), §§ 438.3(j) and 422.122
- K. Title 42, United States Code (USC), §1396a(a)(57) et. seq.

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/05/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/1996	GG.1506	Advance Directives for CalOptima Direct Members	Medi-Cal
Revised	07/01/1999	GG.1506	Advance Directives for CalOptima Direct Members	Medi-Cal
Revised	05/01/2007	GG.1506	Guidelines for Advance Directives for CalOptima Direct Members	Medi-Cal
Revised	06/01/2016	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare OneCare Connect
Revised	10/01/2017	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare

Action	Date	Policy	Policy Title	Program(s)
				OneCare Connect
Revised	10/01/2018	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare OneCare Connect
Revised	01/01/2019	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare OneCare Connect
Revised	08/01/2020	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare OneCare Connect
Revised	02/01/2022	GG.1506	Guidelines for Advance Directives for CalOptima Members	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1506	Guidelines for Advance Directives for CalOptima Health Members	Medi-Cal OneCare
Revised	07/01/2023	GG.1506	Guidelines for Advance Directives for CalOptima Health Members	Medi-Cal OneCare
Revised	12/01/2024	GG.1506	Guidelines for Advance Directives for CalOptima Health Members	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Advance Directive	<p>Medi-Cal: 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 a Member is incapacitated.</p> <p>OneCare: A written instruction such as living wills or durable powers of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the State) and signed by the Member, that explains the Member's wishes concerning the provisions of health care if the Member becomes incapacitated and is unable to make those wishes known.</p>
Authorized Representative	<p>Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.</p> <p>OneCare: Has the meaning given to the term Personal Representative in section 164.502(g) of Title 45 of, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access by Member's Authorized Representative.</p>
Covered Services	<p>Medi-Cal: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4

Term	Definition
	<p>regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments;

Term	Definition
	<p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.</p>
Member	A beneficiary enrolled in a CalOptima Health program.