310-HH - END OF LIFE CARE AND ADVANCE CARE PLANNING

EFFECTIVE DATES: 10/01/17, 10/01/18, 03/01/19, 05/02/25

APPROVAL DATES: 05/18/17, 07/11/18, 02/19/19, 03/05/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD)Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for End of Life (EOL) care and the provision of Advance Care Planning (ACP).

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.

III. POLICY

A. END OF LIFE CARE CONCEPT

The End of Life (EOL) care is member-centric care that includes ACP, and the delivery of appropriate health care services and practical supports. The goals of EOL care focus on providing treatment, comfort, and quality of life for the duration of the member's life.

The EOL concept of care strives to ensure members achieve quality of life through the provision of services consistent with their personal values, goals, and preferences such as:

1. Physical and/or behavioral health medical treatment to:
   a. Treat the underlying illness and other comorbidities,
   b. Relieve pain, and
   c. Relieve stress.

2. Referrals to community resources for services including, but not limited to:
   a. Pastoral services,
   b. Counseling services and
   c. Legal services.

3. Practical Supports are non-billable services provided by a family member, friend, or volunteer to assist or perform functions including, but not limited to:
   a. Housekeeping,
   b. Personal care,
   c. Food preparation,
   d. Shopping,
   e. Pet care, and
   f. Non-medical comfort measures.

Members aged 21 years and older who receive EOL care may continue to receive curative care until they choose to receive hospice care.

Members under the age of 21 may receive curative care concurrently with EOL care and hospice care.

B. ADVANCE CARE PLANNING

The ACP shall be initiated by the member's qualified health care professional for a member, at any age, that is currently experiencing, or is expected to experience, declining health or is diagnosed with a chronic, complex, or terminal illness. The ACP is a covered, reimbursable service when provided by a qualified health care professional. For the purposes of the ACP, a qualified health care professional is a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant, or Nurse Practitioner (NP). The ACP is meant to be an ongoing process for the duration of the member's life. The provider may bill for providing ACP separately during a well or sick visit. The ACP often results in the creation of an advance directive for the member. Refer to AMPM Policy 640 for provider requirements pertaining to advance directives.

1. The Contractor shall ensure providers perform the following as part of the EOL concept of care when treating qualifying members:
   a. Conduct a face-to-face discussion with the member/Health Care Decision Maker (HCDM)/Designated Representative (DR) to develop the ACP,
   b. Teach the member/HCDM/DR about the member's illness and the health care options that are available to the member to enable them to make educated decisions,
   c. Identify the members' healthcare, social, psychological, and spiritual needs,
   d. Develop a written member-centered plan of care that identifies the member's choices for care and treatment, as well as life goals,
   e. Share the member's wishes with family, friends, and physicians,
   f. Complete advance directives,
   g. Refer to community resources based on members' needs, and
   h. Assist the member/HCDM/DR in identifying and connecting to practical supports to meet the members' needs.

2. The FFS shall provide each of the care elements as specified above when providing EOL care to FFS members. The FFS providers may contact Division of Fee-for-Service Management (DFSM) Care Management for assistance with resource identification.

3. The Contractor shall provide care management or case management to members and coordinate with and support the member's provider in meeting the member's needs. In addition, the care/case manager shall assist the member/HCDM/DR with maintaining and updating, as needed, practical supports and community resource referrals to meet the member's current needs.

C. HOSPICE SERVICES

Refer to AMPM Policy 310-J.

D. TRAINING

The Contractor shall ensure providers, and their staff are educated in the concepts of EOL care, ACP and advance directives.

E. NETWORK ADEQUACY

The Contractor shall ensure an adequate network of providers who are trained to conduct the ACP. Refer to ACOM Policy 415, Attachment B.