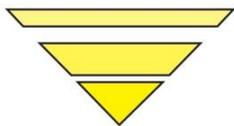


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Division Directive Number
3.120
Effective Date: XXXXX

Valerie Huhn

Valerie Huhn, Director

Title: Process to Implement Do Not Resuscitate Orders for Individuals Receiving Contracted Services.

Applies to: State Operated Waiver Programs, Regional Offices, Senate Bill 40 Boards, and other Not-for-Profit TCM entities and agencies contracted with the Department of Mental Health Division of Developmental Disabilities (DD).

Exception: Services that are provided through the Self-Directed Model.

Purpose: This directive describes the process for implementing Do Not Resuscitate Orders for Individuals Receiving Contracted Services including for example, residential, personal assistant, day habilitation, employment and transportation.

OVERVIEW

In accordance with 9 CSR10-5.180, the Division supports the rights of individuals who receive services from the Division of DD to obtain, refuse, or discontinue life-sustaining treatment. Competent adult individuals have the right to execute advance directives. However, in accordance with the department's statutory mission to habilitate, treat, or rehabilitate the individuals it serves, the Division and DMH Contractors shall not withhold or withdraw:

- food, hydrations, antibiotics or anti-seizure medication for the purpose of ending life;
- psychotropic drugs essential to treatment of mental illness that are otherwise authorized by law or department rule;
- any medication, medical procedure or intervention that, in the opinion of medical staff, is necessary to prevent the suicide of a resident or patient; and
- shall not withhold Cardiopulmonary Resuscitation (CPR) or other resuscitative measures unless:
 - a) the individual has been granted a DMH Non-Hospital DNR authorization while in receipt of contracted services; or
 - b) the individual presents a properly executed Outside the Hospital DNR Order (OHDNR) that conforms with 19 CSR 30-40.600 and proof that the individual is currently receiving hospice services.

Note: Even when a DMH Non-Hospital DNR order or properly executed Outside the Hospital DNR Order (OHDNR) is in place, if respiration and cardiac function have ceased spontaneously as a result of an accident or event other than a known terminal condition, and/or complications thereof, (such as choking on food), the individual shall not be left unattended and shall receive intervention necessary to preserve his or her life.

If the planning team and physician have determined that the individual's current condition is such that the performance of CPR would cause more harm than good to the person and substantially compromise his or her well-being, an alternative plan to CPR will be developed. For example, an Automated External Defibrillator [AED] or rescue breathing may be ordered instead of CPR when chest compression is contraindicated. The planning team shall pursue the **Alternative to CPR Order** form (Appendix D) with the attending physician and retain in the front of the individual's record.

The justification and details for the alternative emergency procedure shall be incorporated into the individual service plan and reviewed and updated at least annually or as indicated with change in status. The justification and need for the **Alternative to CPR Order** shall be reviewed at least annually with the attending physician and noted on the **Alternative to CPR Order** form.

RECOGNITION OF AN OUTSIDE THE HOSPITAL DNR ORDER (OHDNR) FOR INDIVIDUALS IN RECEIPT OF CONTRACTED SERVICES

Upon receipt of the OHDNR and proof of hospice services, the contracted provider of service will complete Section I of the **OHDNR and Hospice Services Notification** form (Appendix A) and submit a copy to the assigned Support Coordinator and applicable Division of DD Regional Office Assistant Director within 24 hours or by 5 pm the next business day.

The designated Regional Office staff will complete Section II of the **OHDNR and Hospice Services Notification** form (Appendix A) and forward to the Division Director/designee and DMH Medical Director/designee within two (2) working days from receipt.

When the individual obtains an OHDNR and has been prescribed Hospice Services, the planning team will discuss the diagnosis, prognosis, support needs, and the contracted provider's ability to meet these needs, including staff training pertaining to end of life care. The Individual Support Plan will be amended.

A Health Identification and Planning Systems (HIPS) Health Inventory will be updated and submitted for individuals receiving residential services. This will result in the Quality Enhancement (QE) RN completing a nursing consultation to review the individual's medical status and identified support needs, including provider staff training pertaining to end of life care, and that the directive criteria are met.

The Support Coordinator will monitor the individual's status and support needs during scheduled monitoring/reviews.

If an OHDNR is rescinded by the individual or individual representative and/or Hospice Services are discontinued: the contracted provider of service will complete section III of the **OHDNR and Hospice Services Notification** form (Appendix A) and submit a copy to the assigned support coordinator and applicable Division of DD Regional Office Assistant Director by no later than 24 hours of receipt or within the next business day.

Upon notification, the HIPS Health Inventory if applicable and Individual Support Plan will be updated to reflect the change in support needs. The Support Coordinator will monitor to ensure that staff providing direct services are informed of the change in support need.

The designated Regional Office staff will complete Section IV of the **OHDNR and Hospice Services Notification** form (Appendix A) and forward to the Division Director/designee and DMH Medical Director/designee within two (2) working days from receipt.

PROCESS FOR OBTAINING DMH AUTHORIZATION FOR A NON- HOSPITAL DNR ORDER FOR INDIVIDUALS IN RECEIPT OF CONTRACTED SERVICES

In the event that the individual/legally responsible person requests a DMH Non Hospital DNR order to be implemented while in receipt of contracted services, but who **does not have** an OHDNR and has not been prescribed Hospice services the following process to request authorization for a DMH Non-Hospital DNR shall be followed:

The support coordinator will provide the individual/legally responsible person the **Statement of Terminal Condition** form (Appendix B) and **Overview of the Division's Non-Hospital DNR Procedure for Persons Receiving Contracted Services** (Appendix E).

The completed **Statement of Terminal Condition** form and supplemental documentation will be submitted to the applicable Division of DD Regional Office Assistant Director who will upon receipt forward to the Department of Mental Health Medical Director/Chief Clinical Officer/designee for review.

Within three (3) working days from receipt, the Medical Director/Chief Clinical Officer (or designee) will determine if the information provided meets the Division of DD definition of a terminal condition and return their approval, denial, or request for more information on the **Statement of Terminal Condition** form to the applicable Division of DD Regional Office Assistant Director (or their designee) for immediate processing by the Support Coordinator.

Upon DMH authorization, the Support Coordinator will promptly notify the individual/legally responsible person and provide them a copy of the **DMH Non-Hospital DNR Order** form (Appendix C) to be completed by the attending physician. Once the **DMH Non-Hospital DNR Order** is obtained, the Support Coordinator will ensure a copy of the **DMH Non-Hospital DNR Order** form is immediately provided to the funded service providers and Regional Office. The individual/legally responsible person should be informed of available end of life resources i.e. hospice services. The Support Coordinator will monitor the individual's status and support needs including any applicable staff training needs during scheduled monitoring/reviews.

The HIPS Health Inventory if applicable and Individual Support Plan will be updated to reflect the change in support needs. The Support Coordinator will monitor to ensure that staff providing direct services are informed of the change in support need.

The applicable Division of DD Regional Office Assistant Director (or designee) will notify the Department of Mental Health Medical Director/Chief Clinical Officer (or designee).

If DMH authorization for a Non-Hospital DNR order is needed beyond six (6) months from the initial date ordered, an updated Statement of Terminal Condition form must be submitted for the Department of Mental Health's Medical Director/Chief Clinical Officer's (or designee's) review and signature.

If a DMH Non-Hospital DNR is rescinded by the individual or legally responsible person, or if a diagnosis for terminal condition changes, the service provider shall implement the changes and notify the Support Coordinator. The Support Coordinator shall notify the applicable Division of DD Regional Office Assistant Director who will notify the Department of Mental Health Medical Director/Chief Clinical Officer (or designee).

Upon notification, the HIPS Health Inventory if applicable and Individual Support Plan will be updated to reflect the change in support needs. The Support Coordinator will monitor to ensure that staff providing direct services are informed of the change in support need.

APPEAL

If the department does not authorize the use of a **DMH Non-Hospital DNR Order for Individuals in Receipt of Contracted Services**, the individual/legally responsible person may appeal the decision to the Department of Mental Health's Medical Director/Chief Clinical Officer (or designee) within 30 days.

Appeals should be addressed to:

Missouri Department of Mental Health
Medical Director/Chief Clinical Officer
P.O. Box 687
Jefferson City, MO. 65101

or

Fax: 573-526-4742
Local: 573-751-2794
Toll-Free: 800-364-9687

The Medical Director/Chief Clinical Officer (or designee) has 10 working days to meet with the individual/legally responsible person or other advocates as needed to provide a decision. The Medical Director (or designee) will notify the Division with the final decision in writing.

Authority and References:

9 CSR 10-5.180 Advance Directives
DD Contract Part II
19CSR30-40.600