Policy and Procedure

Policy Name: Advance Directives	**Policy#:** ADM-331	**Version#:** 6
Author Department: Compliance	**Origination Date:** 12/07/2018	
Business Units Impacted: All	**Date Last Reviewed:** 2/10/2026	
Products/LOBs: All	**Date Approved by CPT:** 03/05/2026	

DEFINITIONS

Advance Directive: Written instructions recognized under state and federal law relating to the making of medical treatment decisions and the provision of healthcare when or if an individual is incapacitated. Advance Directives recognized under Colorado law includes, but is not limited to, medical durable powers of attorney, living wills, and cardiopulmonary resuscitation (CPR) directives.[1]

Contracted Provider: A health care practitioner, facility, or organization that has entered into a formal agreement with Colorado Access (COA or organization) to provide covered health care services to members. The agreement specifies reimbursement rates, responsibilities, and compliance with applicable policies, procedures, credentialing requirements, and quality standards. Contracted Providers are considered part of COA's participating or "in-network" provider network.

Do Not Resuscitate (DNR) Order: A clinical medical order, written and signed by a physician or other authorized provider, directing healthcare professionals not to perform cardiopulmonary resuscitation (CPR) if a patient's heart or breathing stops. A DNR Order implements an individual's CPR wishes, which may be expressed through an Advance Directive.

Cardiopulmonary Resuscitation (CPR) Directive: A statutory advance directive recognized under Colorado law that allows an individual to document their wishes regarding CPR. A CPR Directive expresses the individual's preferences and may inform the issuance of a corresponding clinical order, such as a DNR Order.[2]

Living Will: A written document voluntarily executed by a declarant that outlines specific medical treatments an individual does or does not want in the event of a terminal illness or permanent unconsciousness.[3]

Medical Orders for Scope of Treatment (MOST): The MOST form is used if you are seriously ill or have an ongoing condition and see your providers often. MOSTs tell your provider which medical procedures to do. They also tell them which ones to avoid. MOSTs must be signed by you and your provider.[4]

[1] C.R.S. §15-18.7-102.
[2] C.R.S. § 15-18.6-101(2)
[3] C.R.S. § 15-18-103(8) and C.R.S. § 15-18-104
[4] C.R.S. § 15-18.7-103

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Medical Durable Power of Attorney (MDPOA): A document that designates a person (agent) to make healthcare decisions on behalf of an individual if they become incapacitated.[5]

Member: Means any individual who is enrolled in a Health Care Policy and Financing (HCPF) administered health care program and assigned to COA for care coordination or service delivery.

Provider: Any licensed healthcare professional or entity, including physicians, nurses, advanced practice providers, and affiliated healthcare facilities, responsible for delivering medical care to COA Members and expected to comply with documented advance directives.

Workforce Members: Means individuals who are employed by or affiliated with COA, including full-time and part-time employees, temporary staff, contractors, volunteers, interns, and other personnel who perform work on behalf of the organization.

SCOPE:
This policy applies to all COA Members, Workforce Members, and Contracted Providers who are responsible for informing, documenting and honoring Members' Advance Directives.

PURPOSE:
The purpose of this policy is to outline how Members are informed of their right to create Advance Directives, enabling them to document healthcare preferences for situations in which they cannot communicate their wishes. This policy provides guidance on available Advance Directive options, including Living Wills, CPR Directives, DNRs, MDPOAs, and MOST forms and supports communication of these directives to Contracted Providers and care teams to uphold Members' treatment choices in accordance with Colorado law and applicable state and federal contracts.

STATEMENT OF POLICY:
It is the policy of COA to inform and support Members in establishing Advance Directives and to ensure Members' healthcare preferences are documented, communicated and respected when they are unable to communicate their wishes.

[5] C.R.S. § 15-14-506

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COA complies with all applicable state and federal laws and contractual requirements concerning Advance Directives. COA will:

1. Provide Members with information regarding Advance Directives and their rights under applicable Colorado and federal law;
2. Notify Contracted Providers of their obligations related to Advance Directives;
3. Educate Workforce Members regarding COA policies and procedures on Advance Directives;
4. Support member education on Advance Directives through appropriate channels, including care coordination activities when applicable;
5. Maintain Advance Directive information in a manner that is readily accessible to Members, Contracted Providers and care coordination staff; and
6. Prohibit discrimination against any individual based on whether an Advance Directive has been executed, amended or revoked.

COA will not object to the exercise of a Member's Advance Directive on moral or religious grounds. COA requires Contracted Providers to recognize and honor valid Advance Directives. If a Contracted Provider cannot implement an Advance Directive due to moral or religious objections, the Contracted Provider must notify the Member and arrange for a timely and non-disruptive transfer of care to another provider who will honor the Member's wishes.

A. Member Rights

1. Members have the right to:
   a. Make decisions regarding their healthcare, including the right to accept or refuse medical treatment;
   b. Create, modify or revoke an Advance Directive at any time;
   c. Request and obtain information regarding Advance Directives at least annually; and
   d. Not be discriminated against based on whether they have executed an Advance Directive.

B. Provider Responsibilities

1. Contracted Providers must:
   a. Comply with state and federal laws regarding Advance Directives;
   b. Inquire whether Members have an Advance Directive and document its existence in the Member's medical record in a prominent location;
   c. Follow a Member's Advance Directive unless it is contrary to state law; and
   d. If unable to honor an Advance Directive due to moral or religious objections, notify the Member and arrange for prompt transfer of care to another provider.

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C. COA Responsibilities

1. COA will:
    a. Provide Members with written information regarding Advance Directives at initial enrollment;
    b. Ensure members who were incapacitated at enrollment receive Advance Directive information when capacity is regained;
    c. Update member and Provider materials within ninety (90) days of any change in applicable law;
    d. Make Advance Directive information available on COA's website in a manner accessible to Members, Contracted Providers, and care coordination staff;
    e. Not condition the provision of care or benefits on the existence of an Advance Directive;
    f. Make Contracted Providers aware of their responsibilities regarding Advance Directives;
    g. Monitor Provider compliance with Advance Directive requirements and take appropriate corrective action when non-compliance is identified; and
    h. Address Member inquiries about Advance Directives through the Customer Service Department.

D. Provider Communication

1. The COA Provider Manual shall include information regarding:
    a. Members' rights to accept or refuse medical treatment;
    b. Member's rights to formulate Advance Directives;
    c. Expectations for documentation and implementation of Advance Directives;
    d. Provider obligations related to moral or religious objections, including notice and transfer requirements;
    e. A link to COA's Advance Directives resources;
    f. The provision of care may not be conditioned on the presence or absence of an Advance Directive;
    g. Members will not be discriminated against based on whether an Advance Directive has been executed, amended, or revoked;
    h. Applicable facilities are required to provide members with written information at the time of admission or prior to the delivery of services; and
    i. Members' right to file complaints with the Colorado Department of Public Health and Environment (CDPHE) regarding Advance Directive concerns.

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E. Member Communication

1. COA will provide Members with written information regarding Advance Directives through the Member handbook and on COA's website. The information will include the following:
   a. A description of the applicable Colorado laws related to Advance Directives, including any updates to such laws, which will be incorporated within ninety (90) days of the effective date of the new law.
   b. At the time of initial enrollment, Members will be informed, at a minimum, of their right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.
   c. If the Member is incapacitated at the time of enrollment, COA will provide information regarding Advance Directives to the Member's family member or legally authorized surrogate, as required. If the member later regains decision-making capacity, COA will provide the Advance Directives information directly to the Member upon notice.
   d. COA will inform Members, when known, of the range of medical treatments that may be affected by a Contracted Provider's moral or religious objection to implementing an Advance Directive, including but not limited to CPR, and other life-sustaining medical interventions.

F. Review and Updates

1. This policy will be reviewed annually and updated as necessary to ensure compliance with applicable laws and regulations.

G. Record Retention

1. COA will retain records in accordance with CMP-210 Record Retention and Destruction policy.

REFERENCES:

CMP-210 Record Retention and Destruction

- **Colorado Law** C.R.S. § 15-14-506 — Medical Durable Power of Attorney
- C.R.S. § 15-18-103(8) and C.R.S. § 15-18-104 — Living Will
- C.R.S. § 15-18.6-101(2) —CPR Directive
- C.R.S. § 15-18.7-101 et seq. — Advance Directives, Provider Obligations, and Medical Orders for Scope of Treatment (MOST)
- C.R.S. § 25-48-101 et seq. — End-of-Life Options Act

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Federal Law and Regulations

- Federal Patient Self-Determination Act (PSDA) — 42 U.S.C. § 1395cc(f); 42 U.S.C. § 1396a(w)
- 42 C.F.R. § 438.3(j) — Medicaid Managed Care Requirements; Advance Directives

ATTACHMENTS:
None

POLICY HISTORY:

SUMMARY OF REVIEW/REVISION/APPROVAL DATES:
Version 1: 12/07/18, Version 2: 09/15/21, Version 3: 10/23/23, Version 4: 2/28/24, Version 5: 11/5/2024, Version 6: 03/05/2026 Annual review, significant updates to align with HCPF contracts.

APPROVAL BODY: COA Core Policy Team **APPROVAL DATE:** 03/05/2026