

**Advance Directives Compliance Self-Evaluation & Certification
Completed for:**



Print name of facility _____

Question	Regulatory Citation	Reference Materials
<p>Upon admission or enrollment, does your organization provide an information packet to all adult patients regarding advance directives?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>42 CFR 489.102(a)(1) NRS 449.730</p>	<p>DHCFP Resource page on Advance Directives</p>
<p>Does it include Nevada’s 14-page written description of state law concerning advance directives or another description that references Nevada Revised Statute (NRS) 449.535 to 449.690 and 449.900 to 449.965?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>42 CFR 489.102(a)(4) NRS 449.535 -690 NRS 449.900 – 965</p>	<p>DHCFP Resource page on Advance Directives</p>
<p>Does it include two Advance Directives forms – the Declaration (Living Will) and Durable Power of Attorney for Health Care Decisions – or, at a minimum, information about where these forms may be obtained?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>DHCFP Resource page on Advance Directives</p>
<p>Do your procedures include documenting, in a patient’s record, whether or not they have executed an advance directive, and executed copies of it, if applicable?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>42 CFR 489.102(A)(2)</p>	<p>DHCFP Resource page on Advance Directives</p>
<p>Do your procedures ensure that if a patient is incapacitated at the time of admission or enrollment that a personal representative or family member is provided with advance directive information and asked whether a patient has an advance directive? (You still must communicate directly with the patient, when possible, concerning an advance directive.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>42 CFR 489.102(e)</p>	<p>DHCFP Resource page on Advance Directives</p>
<p>Does your organization have policies that acknowledge a patient’s right to formulate an advance directive and to refuse or accept medical treatment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>42 CFR 489.102(a)(1)</p>	<p>DHCFP Resource page on Advance Directives</p>

Do the policies ensure that a patient's care is not conditioned upon whether the individual has an advance directive?

[42 CFR 489.102\(a\)\(3\)](#)

Yes		No	
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Does your organization refuse to implement advance directives on the basis of conscience?

[42 CFR 489.102\(a\)\(1\)](#)

[DHCFP Resource page on Advance Directives](#)

Yes		No	
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If so, does your organization provide an explanation which clarifies differences between institution-wide conscience objections and those that may be raised by individual physicians?

Yes		No		N/A	
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Does it describe the range of medical conditions or procedures affected by the conscience objection?

Yes		No		N/A	
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[NRS 449.628](#)

Does it identify the statute permitting such objections (NRS 449.628)?

Yes		No		N/A	
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Do you provide education for staff concerning your policies on advance directives?

[42 CFR 489.102\(a\)\(6\)](#)

[DHCFP Resource page on Advance Directives](#)

Yes		No	
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Do you conduct community education regarding issues concerning advance directives?

[42 CFR 489.102\(a\)\(6\)](#)

[Federal Register Vol. 60 No. 123 – see page 33273](#)

Yes		No	
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Do your policies include contact information for the state agency responsible for handling complaints or grievances concerning advance directives? (The Nevada State Health Division, Bureau of Health Care Quality And Compliance, Licensure and Certification Program.)

[42 CFR 489.102\(a\)\(4\)](#)

[Nevada Department of Health, Bureau of Health Care Quality & Compliance](#)

Yes		No	
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Derived from the Omnibus Budget Reconciliation Act of 1990 (OBRA), the Patient Self-Determination Act states that all hospitals, nursing facilities, home health agencies and hospice programs that receive Medicare or Medicaid funds are required to give patients information about their rights under state law to make their own health care decisions.

I certify that I have reviewed our organization's policies and procedures related to advance directives. On the preceding two pages are the results of the review, which reflect the level of our compliance with the Patient Self-Determination Act. I certify that the information given is true and correct to the best of my knowledge. I further certify that this organization has the above policies, procedures, public notices and documents in place or that corrective action will be taken within 30 days of submission of this evaluation.

I further certify that the information given is true and correct to the best of my knowledge.

(Signature of Administrator)

(Official Title)

(Print name of Administrator)

(Date)

(Name of Facility)

(Telephone Number)

(Address)

(Fax number)

(City, State, Zip Code)

(E-mail address)

The Nevada Division of Health Care Financing and Policy (DHCFP) is federally-mandated by the Centers for Medicare and Medicaid Services (CMS) to ensure that certain licensed medical facilities and health care providers comply with federal and state laws concerning Advance Directives. This self-evaluation tool is intended to remind facilities and providers of their responsibilities, and to provide assurance to the DHCFP that Advance Directive regulations are followed by recipients of federal funds. For more information about the DHCFP monitoring policies or for technical assistance in developing and/or implementing appropriate policies and procedures, please contact the Recipient Civil Rights Office at (775) 684-3606. Samples of some related documents may be found on the DHCFP website, <http://dhcfnv.gov/Resources/PI/AdvanceDirectives/>.

Completion of this certification does not exempt a facility from on-site compliance monitoring. Compliance may be assessed during visits by any agency or program within the Nevada Department of Health & Human Services. In addition, the DHCFP reserves the right to make any on-site visits deemed necessary for the express purpose of determining Advance Directives compliance.

Complete, sign, and print this form then send to:

civilrights@dhcfnv.gov

or

Recipient Civil Rights Officer
Division of Health Care Financing & Policy
1100 East William Street, Suite 101
Carson City, NV 89701