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Truly comprehensive advanced care planning

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Proper planning prevents poor performance – when it comes to assisting older adults this means planning for inevitable events that come with aging. In our previous column we addressed the need to plan for the need for assistance in activities of daily living made possible through in home aid or a move to a community with services. This comes from a situation that develops over time as older adults housing situation becomes one of being over housed and under supported.

But of course there are other items that need to be addressed within the scope of comprehensive advanced care planning, the most obvious of which is advanced directive planning via identification of a healthcare power of attorney and/or POLST form (Provider Order for Life Sustaining Treatment). A less obvious component of advanced care planning is the identification of preferred providers especially a skilled nursing facility for subacute as well as a local urgent care center. As with all of these future needs not being prepared ahead often results in less than optimum outcomes, which can be prevented by advanced planning. For many older adults the complexities of comprehensive advanced planning will require obtaining outside assistance to get the task completed.

Comprehensive advanced care planning

- Addressing the Situation of being Over Housed and Under Supported – Assistance in Activities of Daily Living
  - at home
  - relocation to services
- Advanced Directive Planning
  - Healthcare power of attorney
  - POLST
- Identification of Preferred Providers
  - SNF
  - local Urgent Care Centers
- End-of-Life Care Options

Assistance in advanced care planning

As previously discussed in one of the last issues of Geriatric Nursing in the article titled Move It Before It's Too Late…*Helping Older Adults Accept Less Residential Burden and More Assistance,* getting ahead of a catastrophic event that forces a move can prevent a great deal of stress for older adults and their families. As we age we are often found in a situation of being over housed and under supported, this especially effects basic activities of daily living such as grooming, bathing, dressing, eating, toileting, walking, and transferring. There are also other tasks that must be taken care of such as cleaning the house, paying bills, doing the laundry, and shopping for food and other essentials all of which may require an increasing level of assistance. The older adult who struggles with these activities and tasks may be hesitant to make their problems known to others and may not want to seek help

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Table 1
CPT codes and descriptors.

CPT Codes Billing Code	Descriptors
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)

because that would mean losing at least some of the independence that they enjoy.

Here is where health care providers involved in assisting living are especially well positioned to correct this trend through several interventions. These can be addressed through Comprehensive Advanced Care Planning that lays out the likely course for an older adult related to their increasing care needs such that these can be addressed well in advance.

Advanced directive planning

While correcting for being over housed and under supported is a critical component of Comprehensive Advanced Care Planning, the more typical area addressed here is advanced directives. This service is covered for Medicare beneficiaries without any copayment as an optional component of Medicare's Yearly "Wellness" visit. Advanced Care Planning (ACP) can also be provided as it's own visit outside the Medicare Annual Wellness Exam (AWE) but when provided outside the AWE it does have a 20% copayment.

ACP services may be billed by physicians and non-physician practitioners (NPPs) whose scope of practice and Medicare benefit category include the services described by the CPT codes above (Table 1). They may also be billed by hospitals. This is atypical for Medicare as there are no place-of-service limitations on the new ACP codes. ACP services can be appropriately furnished in both facility and non-facility settings, and are not limited to particular physician specialties. Further there are no specific diagnosis is required for the ACP codes to be billed. Given the significances of ACP in improving care outcomes and underutilization of this service, CMS has provided a listing of useful resources for development and implementation of an ACP process for your specific practice. (Table 2)

ACP typically includes two components: the living will and healthcare power of attorney. Five Wishes is one of the most popular living wills primarily because it is written in everyday language and helps start and structure important conversations about care. Addressed within ones living will can be such thorny issues as voluntary refusal of food and water.

The other component the healthcare power of attorney is critical to avoid situations such as this recent upsetting true story. This involves a difficult situation for patients and LTC staff because of a troubled relationship with a state guardian that could have been prevented by advanced planning. Imagine the awful sight of two long term residents being forcibly removed from their home of several years, filled with friends, familiar surroundings and knowing caring staff. Despite the facility's attending PCP not writing a discharge order as it was clearly not in the residents' best interest; in fact it was felt that it was harmful to displace the residents from their home where they took advantage of the fact of regular mass in the facility in a beautiful chapel.

This seems to be an issue that resulted from an upset guardian, frustrated over from communication issues with the facility although there appears to be no attempt on the guardian's side to help resolve this situation. Instead this guardian took the unusual step to take over their frustration on these residents – residents that they were responsible for protecting. This LTC facility was catch in the very difficult position of protecting these two residents and upsetting state agencies which could make it more difficult going forward to care for their other residents. So what can LTC facilities do to prevent this from occurring to them. The prevention of this

Table 2
ACP resources.[a]

Resource	Website
42 Code of Federal Regulations, Part 489, Subpart I (policy governing Advance Directives)	GPO.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-part489-subpartI.pdf
2016 Hospital Outpatient Prospective Payment Systems Final Rule (OPPS policy governing ACP services) Pages 70469–70470	GPO.gov/fdsys/pkg/FR-2015-11-13/pdf/2015–27943.pdf
2016 Medicare Physician Fee Schedule Final Rule (MPFS policy governing ACP services) Pages 70955–70959	GPO.gov/fdsys/pkg/FR-2015-11-16/pdf/2015–28005.pdf
"A Physician's Guide to Talking About End-of-Life Care," Journal of General Internal Medicine	NCBI.NLM.NIH.gov/PMC/Articles/PMC1495357
ACP Frequently Asked Questions	CMS.gov/Medicare/Medicare-Fee-forService-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-CarePlanning.pdf
"Advance Care Planning: An Introduction for Public Health and Aging Services Professionals" (free course offering continuing education credit)	CDC.gov/Aging/AdvanceCarePlanning/Care-Planning-Course.htm
"Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)" MLN Matters® Article	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf
Medicare Administrative Contractor (MAC) Contact Information	CMS.gov/Research-Statistics-Data-andSystems/Monitoring-Programs/MedicareFFS-Compliance-Programs/ReviewContractor-Directory-Interactive-Map
Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual Chapter 18, Preventive and Screening Services	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
"MLN Guided Pathways: Provider Specific Medicare Resources" Booklet	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf
National Hospice and Palliative Care Organization Download Your State's Advance Directives	CaringInfo.org/i4a/pages/index.cfm?pageid = 3289
National Institute on Aging, Advance Care Planning	NIA.NIH.gov/Health/Publication/Advance-Care-Planning

[a] https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf (accessed April 15, 2018).