



ADVANCE CARE PLANNING (ACP) AND MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

CENTER FOR IMPROVING VALUE IN HEALTH CARE

Intended Audience: Medical Directors, Administrators, Directors of Nursing, Social Services and Admissions

Center for Improving Value in Health Care (CIVHC) is the administrative home for the Colorado Medical Orders for Scope of Treatment (MOST) program. For the most updated information, including the current MOST form, instructional guide and other supporting material, please refer to the CIVHC site. <https://www.civhc.org/programs-and-services/most-program/>

CIVHC's Advance Care Planning (ACP) workgroup meets bi-monthly and is open to all interested individuals. That group serves as an oversight to the MOST program. Hillary Lum, MD, PhD and Alissa Schramm, MS, CMC (care manager certified), serve as our state delegates for the National POLST Program <https://polst.org/>.

Please reach out to Kari Degerness, MBA, LNHA if you would like to learn more and or join the workgroup. Email: kdegerness@civhc.org

1. You cannot require someone to complete a MOST form.

Completion of the MOST form is not mandatory. "A healthcare facility shall not require a person to have executed a MOST form as a condition of being admitted to, or receiving medical treatment from, the healthcare facility" per C.R.S. 15-18.7-108.

By law, providers, facilities or individuals may not require the use of the MOST form. Furthermore, it cannot be required

legally by care community policy.

2. The MOST form is NOT for everyone.

The MOST is primarily intended for elderly, chronically, or seriously ill individuals who are in frequent contact with healthcare providers.

3. The MOST form is portable and does not have to be the original to be valid.

The MOST form "travels" with the patient and must be honored in any setting: hospital, clinic, day surgery, long-term care facility, assisted living residence, hospice, or at home. Unless there are changes, the form should not be completed again when the person moves to a different venue. The original is brightly colored for easy identification, but photocopies, faxes, and electronic scans also are valid.

Disclaimer: This information is being provided by the Advance Care Planning Workgroup and is intended to be education and guidance. We do not hold authority to mandate or regulate this information and do not represent government officials from CDPHE or CMS. Please visit the appropriate regulatory websites for the most updated information, [Colorado regulations](#) and federal [CMS guidance](#).



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4. Validity of the MOST form

- a. The MOST form must be signed by a physician, advanced practice nurse, or physician's assistant.
- b. Verbal orders- An adult's physician, advanced practice nurse, or if under the supervision of the physician, physician's assistant may provide a verbal confirmation to a health care provider who shall annotate on the MOST form the time and date of the verbal confirmation and the name and license number of the physician, advanced practice nurse, or physician's assistant. The physician, advanced practice nurse or physician's assistant shall countersign the annotation of the verbal confirmation of the MOST form within a time period that satisfies any applicable state law or within 30 days, whichever period is less, after providing the verbal confirmation. (Section 15-18.7-104) Documentation of verbal/telephone orders should follow these guidelines and any other existing facility procedures for verbal or telephone orders.
- c. The MOST form does not have to be entirely filled out to be valid. It is best to discuss all sections of the-form, however, all sections do not have to be marked. It should be noted full treatment is the default if a section is not completed.
- d. A MOST form that has been completed by the person, but not signed by a physician, should still be interpreted as the patient's medically expressed wishes for treatment

5. Regulations for Advance Directives *(this is not an all-inclusive list, just some highlights)*

Skilled Nursing Facilities are required to have an advance directive and legal authority documentation within the medical record from admission through to discharge. For more details, please refer to Colorado regulation and federal CMS guidance.

- **FI55 §483.10(b)(4) and (8) § 483.10(b)(4)** – The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and §483.10(b)(8) – The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.
- Additional interpretation provided by CMS: <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-13-16.pdf>
- **As Medical Directors** you have 2 related responsibilities to advance care planning. This is taken from the Chapter 5 Code of CO Regulations (page 14).
 - “2) Consulting on the development and implementation of resident care policies;
 - 3) Establishing standards governing the conduct of physicians admitting residents to the facility;”

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