Chapter: **CLINICAL PRACTICE**
Title: **END OF LIFE CARE, EMERGENCY ASSISTANCE, RESUSCITATION**

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Proposed by: Traci Smith 09/02/2026
Chief Executive Officer Date

Approved by: Al Lorenzo 09/03/2026
County Executive Office Date

I. ABSTRACT

This policy establishes standards and procedures concerning end-of-life care for network providers of Macomb County Community Mental Health (MCCMH) for the coordination of care and assistance to declarants and their families, with health professionals and hospice, as necessary. This policy also sets forth standards and procedures for MCCMH network providers on the provision of emergency assistance to persons served with valid do-not-resuscitate orders or POST forms. This policy requires that persons served be informed by their primary provider and/or primary case holder of the responsibilities of MCCMH pursuant to Michigan's Do-Not-Resuscitate Procedure Act.

II. APPLICATION

This policy shall apply to directly-operated and contract network providers of the MCCMH Board.

III. POLICY

It is the policy of MCCMH that:

A. Assist declarants served by the MCCMH network, their families, and medical professionals, to coordinate end of life care;

B. Follow the Michigan Do-Not-Resuscitate Procedure Act (Act 193 of 1996, MCL 333.1051 et al., hereafter referred to as the "DNR Act"), which provides for certain health professionals to make a declaration of cessation of circulation and respiration and

a determination not to resuscitate an individual who has a valid do-not- resuscitate order, do-not resuscitate bracelet, or POST form; and to inform persons served, guardians of MCCMH's responsibilities to the person served under this Act.

C. Provide emergency assistance to all persons served in end-of-life care until a health professional makes a determination whether to perform resuscitation efforts. This includes persons served with a valid DNR order or POST form, persons served with court-appointed guardians with the power to withhold life-sustaining treatment for the individual/ward, and persons served with patient advocates who have expressed authority to withhold life-sustaining treatment for the individual.

IV. DEFINITIONS

A. Person Served

Any individual located in Macomb County who is:

1. an enrolled Medicaid recipient;

2. an individual who has been found to be eligible to receive public mental health services under the provisions of PA 258 of 1974, as amended;

3. an individual who is receiving, or seeking to receive, services from a network provider of MCCMH.

B. CPR

Cardiopulmonary resuscitation (CPR) is an emergency, lifesaving procedure to support and maintain circulation for a person whose heart appears to have stopped beating.

C. Declarant

Means an individual who has executed a do-not-resuscitate order on his or her own behalf or on whose behalf a do-not-resuscitate order has been executed as provided in the DNR Act.

D. Do-Not-Resuscitate Order (DNR Order)

A document that a person served may voluntarily elect to execute under the DNR Act, directing that, in the event that he or she has suffered cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the department of community health, certain identified health professionals who make a declaration of such cessation will not initiate resuscitation. In order to execute a valid DNR order, Michigan law provides that:

1. The individual must be an adult (18 years of age or older) and of sound mind.

2. The DNR order is executed on one's own behalf. An individual may not execute a DNR order on behalf of another person except where that individual is designated as a patient advocate under an advance directive that clearly and convincingly authorizes

the patient advocate to withhold life- sustaining treatment and acknowledges that death could or would result from not receiving this treatment.

3. The DNR order is to be signed by the person served, their physician, and two witnesses 18 years or older, at least 1 of whom is not the spouse, parent, child, grandchild, sibling, or presumptive heir of the person served; witnesses shall not sign the order unless the person served appears to the witness to be of sound mind and under no duress, fraud, or undue influence.

E. End of Life Care

For the purposes of this policy, the health care provided to an individual once he/she has been diagnosed as having a reduced life expectancy due to advanced disease or condition with a terminal prognosis recognizes the unique set of circumstances and decisions that the individual is facing, while honoring their choices and providing care coordination accordingly. End-of-life care is person-centered and may include home-based or facility-based care; end-of-life care focuses on four care categories: physical comfort, mental and emotional needs, spiritual needs, and practical needs, such as who will care for pets and plants.

F. Emergency Assistance

For the purposes of this policy, emergency assistance is defined as emergency assistance, including non-invasive or non- intrusive procedures such as CPR, first aid, the Heimlich Maneuver, etc., and does not include mechanical ventilation, artificial nutrition and hydration, dialysis, or other intrusive or more invasive life-sustaining procedures.

G. Emergency Medical Technician

A person who is licensed by the state to provide emergency care for the sick and injured, who performs basic life support treatments for both medical and traumatic injuries.

H. Emergency Medical Technician Specialist

A person who is licensed by the state to provide limited advanced life support.

I. First Aid

Emergency (immediate and temporary) treatment to an injured or sick person before medical care by a health professional is available.

J. Guardian

A person appointed by a court having statutory jurisdiction to be responsible for the care of a minor or legally incapacitated individual who is incapable of caring for himself or herself because of infancy, incapacity, or disability, and includes a limited guardian as described in MCL sections 700.5205, 700.5206, and 700.5306. Guardian does not include a guardian ad litem for purposes of this definition.

K. Health Professional

Under Michigan's DNR Act, the following health professionals are subject to the requirement that, when arriving at an individual's location outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of

Community Health, where the health professional determines that the individual has no vital signs, and the health professional observes that the individual is wearing a do-not-resuscitate identification bracelet or has actual knowledge of a valid DNR order for the individual, he or she shall not attempt to resuscitate that person. These health professionals are:

1. A paramedic.
2. An emergency medical technician.
3. An emergency medical technician specialist.
4. A physician.
5. A nurse.
6. A medical first responder.
7. A respiratory therapist.
8. A physician's assistant.

L. Licensed Hospice Program

A health care program that provides a coordinated set of services rendered at home or in outpatient or inpatient settings for individuals suffering from a disease or condition with a terminal prognosis, that is licensed as a hospice by the Department of Community Health as required, or as exempted from licensure, under Part 214 of Michigan's Public Health Code, MCL 333.21401 et al.

M. Medical First Responder

An individual who has met the educational requirements of a state approved medical first responder course and who is licensed to provide medical first response life support as part of a medical first response service or as a driver of an ambulance that provides basic life support services only. A medical first responder does not include a police officer solely because his or her police vehicle is equipped with an automated external defibrillator.

N. Medical First Response Service

A person licensed by the state to respond under medical control to an emergency scene with a medical first responder and equipment required by the state before the arrival of an ambulance, and includes a fire suppression agency only if it is dispatched for medical first response life support. Medical first response service does not include a law enforcement agency, as defined in section 8 of 1968 PA 319, MCL 28.258, unless the law enforcement agency holds itself out as a medical first response service and the unit responding was dispatched to provide medical first response life support.

O. POST Form

The document enclosed as Exhibit A is subject to the regulations set forth in Exhibit B. The most recent POST Form or DNR Order is presumed to express an individual's current wishes.

P. Sound Mind

The ability to engage in rational, logical thought processes and make decisions using

information and reasoning, unimpaired or impeded by mental illness, developmental or intellectual disability, influence of drugs or alcohol, cognitive impairment, or dementia; with understanding of the implications of the decision/s made.

Q. Treatment Team

For the purposes of this policy, the person served treatment team includes the healthcare and behavioral healthcare professionals involved in the provision of his or her care; e.g. physician, nurse or nurse practitioner, clinician/case manager/supports coordinator, residential home provider, hospice personnel, etc.

V. STANDARDS

A. When providing care to a declarant or prospective declarant, MCCMH shall encourage and offer assistance to the person served, at a time when he/she is competent, to clearly express his or her desires regarding end of life decisions through the execution of a legal document such as an advance directive with a patient advocate designation, or a Michigan DNR order; any statements authorizing a patient advocate to withhold life-sustaining treatment must be stated clearly and convincingly, and must acknowledge that death could result from not receiving this treatment.

B. DNR Orders/POST Forms

1. When providing end-of-life care for a person served with a valid DNR order or POST Form, MCCMH shall comply with the requirements of the Michigan DNR Act.

2. Once a DNR order or POST Form is signed and witnessed, the individual shall provide a copy to MCCMH; the individual may choose to wear a DNR identification bracelet to his or her wrist.

3. A copy of a valid DNR or valid POST Form shall be placed in the legal section of the person served medical record under Advance Directives.

4. An individual may revoke a DNR order or POST Form at any time, and in any manner by which he or she is able to communicate an intent to revoke the order. It is the responsibility of the person served to provide notice of revocation of a DNR order or POST Form to MCCMH primary case holder. A Patient advocate or legal guardian may revoke a DNR order or POST Form on behalf of a declarant at any time by issuing the revocation in writing and delivering such notice to MCCMH primary case holder.

5. A person or organization, acting in compliance with the provisions of the DNR Act, is not subject to civil or criminal liability for:

a. Withholding resuscitative procedures from an individual in accordance with the DNR Act;

b. Attempting to resuscitate an individual who has executed a do-not- resuscitate order, if the person or organization has no actual notice of the order and the

individual is not wearing a DNR bracelet;

c. Failing to resuscitate an individual who has revoked a DNR order if the person or organization does not receive actual notice of the revocation.

6. MCCMH shall orally inform persons served with valid DNR orders of the responsibilities of MCCMH under the DNR Act and this policy regarding emergency assistance procedures as contained herein.

C. Guardianship

1. Where a declarant or prospective declarant has been appointed a court-ordered guardian, MCCMH may assist the guardian in understanding the terms and limitations of the current guardianship order regarding end-of-life care decisions. MCCMH shall comply with the provisions of the court-appointed guardianship order regarding the authority or lack of authority of the guardian to make end-of-life care decisions for the individual/ward.

2. MCCMH shall orally inform the persons served, and their court-appointed guardians, of the responsibilities of MCCMH under this policy regarding emergency assistance procedures as contained herein.

3. A guardianship order for a declarant or prospective declarant who has a developmental disability must clearly and explicitly authorize the guardian to withhold life-sustaining treatment before that guardian may request the withholding of life-sustaining treatment on behalf of the individual/ward.

D. Patient Advocate Designation

1. When providing end-of-life care for a person served who has a patient advocate designation, MCCMH shall comply with the provisions of the advance directive/patient advocate authority (or lack thereof) for withholding life-sustaining procedures as clearly expressed in the advance directive/patient advocate designation document. (See IV.C.2.)

2. MCCMH shall orally inform persons served and their patient advocates of the responsibilities of MCCMH under the DNR Act and this policy regarding emergency assistance procedures as contained herein.

E. MCCMH providers shall provide necessary first aid or other emergency assistance within the MCCMH provider staff's scope of practice/training to persons served undergoing a possible medical emergency that does not relate to an anticipated end-of-life care situation. (Directly-operated providers, see MCCMH MCO Policy 10-050, "Emergency Preparedness Plan," section VI. I. *Medical Emergency*. Contract providers, see guidelines contained in individual Provider Manuals relative to the provision of emergency assistance.)

VI. PROCEDURES

A. At the time that MCCMH becomes aware that a person served or their patient advocate has executed a valid DNR order under the terms of Michigan's DNR Act, or at the time that MCCMH becomes aware that a guardian or a patient advocate of a person served has the authority to make end of life care decisions, including removal of life sustaining procedures, on behalf of the person served and has requested that the person served not be resuscitated, the MCCMH provider staff shall:

1. Document the existence of a DNR or a POST form in Chart Notes and Health Warnings of the clinical record, or an equivalent written record, that the person served has a valid do-not-resuscitate order.

2. Retain a copy of the DNR or POST Form, the current guardianship order, or advance directive in the person served medical record, with a copy in the record of each MCCMH network provider giving care to the person served.

3. Orally explain to the person served, their guardian, or the person served's patient advocate of the responsibilities required of MCCMH provider staff under Michigan's DNR Act, including the procedures to be followed in this policy under VI.E.1-3., below.

4. Document in the person served's clinical record progress note that the person served, guardian, or patient advocate was informed of the responsibilities required of MCCMH provider staff under Michigan's DNR Act, and the emergency assistance procedures to be followed as provided in this policy under VI.E.1-3., below.

B. Collaboration of Treatment Team/Care Providers

1. When providing end-of-life care for a person served, a treatment team of the person served's care providers (see definition of treatment team, IV.Q.) shall collaborate to determine the best course of treatment for the person served.

2. The team shall coordinate in determining whether, based on anticipated health care, medical/physical care needs, the person served can be maintained in the MCCMH provider site (residential), SIP, or home, or whether to assist the person served/family/guardian with placement of the person served in an alternate setting, e.g. hospital, nursing home, residential hospice, family home, or other setting. A reassessment of the need for certain MCCMH services and supports shall be discussed, if applicable.

3. Where the person served treatment team determines that the individual's needs can be adequately addressed in the MCCMH setting located outside of a hospital, nursing home, or a mental health facility owned or operated by the Department of Community Health, MCCMH provider staff shall follow the same procedures regarding end-of-life care and emergency assistance as stated in VI.E.1-3, below.

C. When requested by the person served, person served family, guardian or patient advocate, hospice services will be incorporated into the individual plan of service by MCCMH provider staff. The incorporated plan of service shall be reviewed by the treatment team (see VI.B.2.)

D. End of Life Care and Guardianship

1. On request, MCCMH may assist the guardian of a person served whose desires relating to end-of-life decisions have not been clearly expressed, or who has not previously signed a legal document such as an advance directive or a DNR order, to petition the probate court for authority to determine the best course of treatment for the person served, including removal of life-sustaining procedures.

E. Procedures for End-of-Life Care

1. When a person served appears to be in the active stages of dying (e.g., the individual's circulation and/or respiration appear to have ceased), and where:

   - The person served, or their patient advocate with the authority to make end-of-life care decisions, including removal of life-sustaining procedures, has executed a valid DNR order or POST form, and

   - The person served is residing in a location outside of a hospital, nursing home, or a mental health facility owned or operated by the Department of Community Health, and

   - A health professional (as defined above) is present,

   Network provider staff shall share a copy of the DNR order or POST Form, advance directive/patient advocate designation, or the guardianship order granting the authority to make end-of-life care decisions, including removal of life-sustaining procedures, with the health professional. The health professional shall examine the person served to determine if the person served has one or more vital signs, and if the health professional determines that the person served has no vital signs, he or she shall not attempt to resuscitate the person served, in accordance with Michigan's DNR Act.

2. When a person served appears to be in the active stages of dying (e.g., the person served circulation and/or respiration appear to have ceased), and where:

   - The person served, or their patient advocate with the authority to make end of life care decisions including removal of life sustaining procedures, has executed a valid DNR order or POST Form, or the person served court appointed guardian with the authority to make end of life care decisions including removal of life sustaining procedures, has indicated that the person served not be resuscitated, and

   - The person served is residing in a location outside of a hospital, nursing home, or a mental health facility owned or operated by the Department of Community Health, and

   - There is NO health professional (see IV.J, above) among the MCCMH provider staff or hospice individuals present,

Network provider staff shall call 911 and then hospice, if hospice is involved. Prior to such event, the provider shall consult both the current version of the State of Michigan's AFC Technical Assistance Manual and with its legal counsel concerning whether non-health professional staff shall provide resuscitation before a statutorily designated (see IV.J. above) health professional arrives. Network provider staff shall share a copy of the DNR order, POST Form, advance directive/patient advocate designation, or the guardianship order granting the authority to make end-of-life care decisions, including removal of life-sustaining procedures, with the health professional upon his/her arrival. The health professional shall examine the person served to determine if the person served has one or more vital signs, and the health professional shall determine whether to perform resuscitation efforts in accordance with Michigan's DNR Act.

3. When person served appears to be in the active stages of dying (e.g., the person served circulation and/or respiration appear to have ceased), where the person served has NOT executed a DNR order or POST Form and, and the person served does NOT have a patient advocate designation under an advance directive, and does NOT have a court appointed guardian with the authority to make end of life care decisions, MCCMH provider staff shall call 911 (and hospice, if hospice is involved) and provide immediate first aid, including CPR, or other emergency assistance within the staff's scope of practice/training, until the appropriate health professional arrives. The health professional shall examine the person served upon his/her arrival and shall determine what actions to take regarding the person served's care.

VII. REFERENCES / LEGAL AUTHORITY

A. Michigan's Do-Not-Resuscitate Procedure Act (Act 193 of 1996, MCL 333.1051 et al.)

B. Part 56A of the Public Health Code, Michigan Dignified Death Act (Act 368 of 1978, MCL 333.333.5651 et al.)

C. Part 214 of the Public Health Code, Hospices (Act 368 of 1978, MCL 333.21401 et al.)

D. Part 5 of the Estates and Protected Individuals Code, Durable Power of Attorney and Designation of Patient Advocate (Act 386 of 1998, MCL 700.5501 et al.)

E. MCL 700.1104(l)

F. MCL 333.20904(7), 333.20904(8), 333.20906(8), 333.20906(10)

G. OAG, 1999, No 7009 (March 2, 1999)

H. OAG 2000, NO 7056 (June 20, 2000)

I. MCCMH MCO Policy 2-033, "Advance Crisis Plan/Advance Directives."

J. MCCMH MCO Policy 10-050, "Emergency Preparedness Plan," VI.I. *Medical Emergency*

VIII. EXHIBITS

A. Model POST Form
B. POST Form Regulations

Annual Revision Attestation/Revision History

Revision #	Review Date	Revision Summary/Policy Update Notice Date	Reviewer/Department