Dear UCare Member,

Every day, we make all kinds of plans: about what to eat, how to get to where we need to be, and what to do with our time. In the midst of our busy lives, we may forget to plan for what we would do if faced with a life-threatening or unexpected illness. One of your basic rights is to make decisions about your health care. You also have the right to let your health care providers know how to care for you if you are unable to speak for yourself. To communicate the kind of treatment and care you want to receive, it’s important to prepare and sign an Advance Directive (also called a Health Care Directive). In the State of Minnesota, citizens must be 18 years of age for an Advance Directive to be legally recognized.

Sincerely,

Michael Lynch, M.D.
UCare Medical Director

Questions and answers about health care directives

Minnesota law
Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can’t tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a health care directive?
A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person (“agent”) to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why have a health care directive?
A health care directive is important if your attending physician determines you can’t communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Health plans like UCare are required to inform their members about their right to execute an Advance Directive when they enroll. UCare is also required to educate staff and provide community education about Advance Directives. Once members have been given treatment options, they have the right to accept or refuse medical care. Providers cannot change your treatment based on whether you have executed (created and signed) an Advance Directive or not.

UCare has created written policies to ensure the implementation of your rights. Below are questions and answers about Advance Directives and how to prepare them. To ensure your rights, we recommend that you talk to your doctor at your next visit about setting up an Advance Directive.

Sincerely,

Michael Lynch, M.D.
UCare Medical Director
Do I have to have a health care directive? What happens if I don’t have one?
You don’t have to have a health care directive. But writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don’t have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How do I make a health care directive?
There are forms for health care directives. You don’t have to use a form, but your health care directive must meet the following requirements to be legal:

• Be in writing and dated.
• State your name.
• Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
• Have your signature verified by a notary public or two witnesses.
• Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider. Information about how to obtain forms for preparation of your health care directive can be found at the end of this document, under “How to obtain additional information.”

I prepared my directive in another state. Is it still good?
Health care directives prepared in other states are legal if they meet the requirements of the other state’s laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What can I put in a health care directive?
You have many choices of what to put in your health care directive. For example, you may include:

• The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
• Your goals, values, and preferences about health care.
• The types of medical treatment you would want (or not want).
• How you want your agent or agents to decide.
• Where you want to receive care.
• Instructions about artificial nutrition and hydration.
• Mental health treatments that use electroshock therapy or neuroleptic medications.
• Instructions if you are pregnant.
• Donation of organs, tissues, and eyes.
• Funeral arrangements.
• Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are there any limits to what I can put in my health care directive?
There are some limits about what you can put in your health care directive. For instance:

• Your agent must be at least 18 years of age.
• Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
• You cannot request health care treatment that is outside of reasonable medical practice.
• You cannot request assisted suicide.
How long does a health care directive last? Can I change it?
Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

What if my health care provider refuses to follow my health care directive?
Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent’s directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agent to arrange to transfer you to another provider who will follow the agent’s directions.

What if I’ve already prepared a health care document? Is it still good?
Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney, and mental health declarations.

The law changed so people can use one form for all their health care instructions. Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What should I do with my health care directive after I have signed it?
You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It’s a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

What if I believe a health care provider has not followed health care directive requirements?
Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro area) or 1-800-369-7994 toll free. TTY users, please call 651-201-5797.

Or email: health.ohfc-complaints@state.mn.us.

What if I believe a health plan has not followed health care directive requirements?
Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or 1-800-657-3793 toll free. TTY users, please call 651-201-5797.
Email: health.clearinghouse@state.mn.us.

How to obtain additional information
If you want more information about health care directives, please contact your health care provider, your attorney, or Minnesota Board on Aging’s Senior LinkAge Line® at 1-800-333-2433 toll free. TTY: Minnesota Relay at 711 or 1-800-627-3529 toll free. A suggested health care directive form is available on the internet at ucare.org/advanced-directives.
Attention. If you need free help interpreting this document, call the above number.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

**Discrimination is against the law.** UCare will accept all eligible Beneficiaries who select or are assigned to UCare without regard to medical condition, health status, receipt of health care services, claims experience, medical history, genetic information, disability (including mental or physical impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance status.

For accessible formats of this publication or assistance with additional equal access to our services, call 612-676-3200 or 1-800-203-7225 toll free, TTY/TDD 612-676-6810 or 1-800-688-2534 toll free, 8 a.m. to 5 p.m., seven days a week or use your preferred relay service.

UCare’s MSHO (HMO SNP) and *UCare Connect + Medicare* (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO and *UCare Connect + Medicare* depends on contract renewal.