



# Advance Care Planning

Adapted from the Asynchronous Advance Care Planning Module developed for Dementia Care Aware



Presentation developed with the input and support of the  
DCA Statewide Medical-Legal Partnership Network



Neighborhood Legal Services  
of Los Angeles County



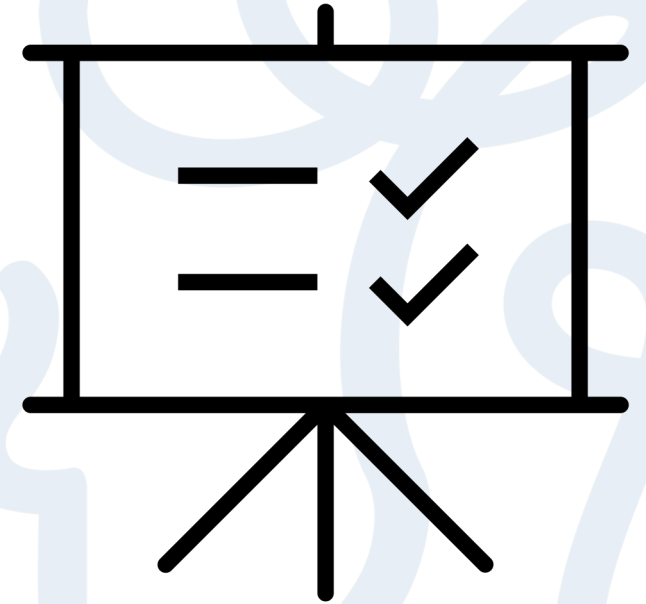
**SAN YSIDRO  
HEALTH**



# LEARNING OBJECTIVES

At the end of this training, you will be able to:

1. Define the purpose and components of advance care planning
2. Name three kinds of legal decision supports a patient commonly needs.
3. Initiate a conversation about advance care planning and provide resources.



# What is Advance Care Planning?

- A process for thinking about and documenting goals and preferences.
- Encompasses near term planning, long-term care planning and end of life planning.
- Naming medical and financial decision makers.





# Who should do Advance Care Planning?



- All adults!
- For people with cognitive impairment or at risk of incapacity, they should engage in advance care planning ASAP!

# Advance Care Planning can help avoid Probate Conservatorship

- A conservatorship is a process where a judge in a court appoints a person to make personal and or financial decisions for someone else
  - Conservator of the person and/or the estate.
- A conservatorship is reviewed annually, but it is not terminated unless requested and with court orders
- Different than an LPS Conservatorship.

# Why avoid Probate Conservatorship?

- Takes away a person's legal rights
- A judge decides about which rights to take away
- Conservatorships are expensive

## Rights taken away could be:

- Right to contract
- Manage finances
- Make medical decisions
- Have visitors
- Reading mail
- Voting
- Deciding where to live

## Case of Mrs. C



Mrs. C is an 82-year-old woman diagnosed with Alzheimer's dementia. She has a history of wandering and becoming distressed when she forgets where she is. She lives at home with her daughter M, who is her primary caregiver and IHSS worker. They live in an apartment and do not have other family to assist.

After being found wandering and delirious after leaving the home while her daughter was getting groceries, her hospital discharge team thinks she needs to be placed in a facility. One available facility is refusing to admit her until they have a financially responsible party who can sign her in. Mrs. C has never named anyone as a financial agent.



# Issues

<u>Capacity</u>	<u>Progressive</u> <u>Nature of the</u> <u>Disease</u>
<u>Nature of the</u> <u>decisions that</u> <u>need to be made</u>	<u>Risk of</u> <u>Conservatorship</u>



# Medical Decision Making & Supporters



# Advance Health Care Directives Care

A legal document where you write down what health care decisions are important to you, and you name a person you trust to step into your shoes and tell doctors what you want in case something unexpected ever happens to you

Everyone should have one!



# California Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

## Part 1 Choose a medical decision maker, Page 3



A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

This person will be your advocate.

They are also called a health care agent, proxy, or surrogate.

## Part 2 Make your own health care choices, Page 7

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

## Part 3 Sign the form, Page 13



The form must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out **only** the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 14, or a notary on Page 15.



# What if someone does not have an Advance Health Care Directive?






## **Supporter/s in Supported Decision- Making Agreement (AB 1663)**

- A person named to support another person in decision making in a Supported Decision-Making Agreement

## **POLST: Physicians Order for Life Sustaining Treatment**

- A document in which someone chooses what they want to happen at the end of their life. Does NOT appoint a health care agent or supporter.

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**



**DATA #111-B**  
Effective 1/1/2009

### Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any order not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name \_\_\_\_\_

First Middle Name \_\_\_\_\_

Doc. Orders \_\_\_\_\_ Date Form Prepared \_\_\_\_\_

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**A**

Check One

**CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

Attempt Resuscitation/CPR     Do Not Attempt Resuscitation/DNR (Allow Natural Death) (Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in B and C.

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**B**

Check One

**MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

**Comfort Measures Only:** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. Transfer if comfort needs cannot be met in current location.

**Limited Additional Interventions:** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

**Do Not Transfer to hospital for medical interventions.** Transfer if comfort needs cannot be met in current location.

**Full Treatment:** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders: \_\_\_\_\_

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**C**

Check One

**ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food by mouth if feasible and desired.

No artificial nutrition by tube.     Defined trial period of artificial nutrition by tube.

Long term artificial nutrition by tube.

Additional Orders: \_\_\_\_\_

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**D**

**SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**

Discussed with:

Patient     Health Care Decisionmaker     Parent of Minor     Court-Appointed Conservator     Other \_\_\_\_\_

**Signature of Physician**

My signature herein indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature (required) \_\_\_\_\_ Physician License # \_\_\_\_\_

**Signature of Patient, Decisionmaker, Parent of Minor or Conservator**

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known wishes of, and with the best interest of, the individual who is the subject of the form.

Signature (required) \_\_\_\_\_ Name (print) \_\_\_\_\_ Relationship (circle one) Patient \_\_\_\_\_

Summary of Medical Condition \_\_\_\_\_ Office Use Only

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**



# Financial Decision-Making Tools & Supporters



# Durable Power of Attorney for Finances (DPOAF)

- Names one or more trusted “agents” to handle the person’s legal and financial affairs
- Covers entire range of personal decisions not covered by the Advance Health Care Directive
- Not just about finances!



Photo Credit: Adobe Stock

# Range of Decisions Covered by DPOAF

- Renewal of state ID/DL
- Handle finances
- Assemble income and asset docs needed to apply for health and public benefits (e.g. Medicaid, Food Stamps)
- Shift assets to spouse to permit for Medicaid-covered nursing home care
- Protect home from state lien for Medicaid expenses ("Medicaid Recovery")
- Pay bills, deal with creditors

- Deal with identity theft/credit freeze
- Apply for low-income housing
- Sign housing recertification documents
- Access long-term care insurance benefits
- Hire attorney, e.g. personal injury
- Manage the patient's business
- Deal with other third parties, like utility companies, the IRS, USCIS, etc.



UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4401-4465, INCLUSIVE). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, \_\_\_\_\_ (name) of \_\_\_\_\_ (address)

appoint:

\_\_\_\_\_ (name) of \_\_\_\_\_ (address)

as my agent (attorney-in-fact), to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.
TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.
TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:

- (A) Real property transactions.
(B) Tangible personal property transactions:
(C) Stock and bond transactions.
(D) Commodity and option transactions.
(E) Banking and other financial institution transactions.
(F) Business operating transactions.
(G) Insurance and annuity transactions.
(H) Estate, trust, and other beneficiary transactions.
(I) Claims and litigation.
(J) Personal and family maintenance.
(K) Benefits from Social Security, Medicare, Medicaid, or other government programs, or civil or military service.
(L) Retirement plan transactions.
(M) Tax matters.
(N) ALL OF THE POWERS LISTED ABOVE.
YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

Blank lines for special instructions.



## Out of state DPOAFs

### **GENERALLY:**

Validly executed DPOAF will remain valid in another state

### **BEST PRACTICE:**

If someone moves, they should update their power of attorney

# SSA Representative Payee/ VA fiduciary

- Assigned by respective agency, SSA or VA
- Neither agency recognizes a DPOAF
- Limited to management of that particular income
- How are they assigned?
  - Recipient can request a payee/fiduciary
  - Prospective surrogate can apply with the specific agency
  - Agency can assign a *person* or *entity* to be payee/fid.
  - Requires a MD to confirm the SSA/VA recipient's inability to manage finances
- Recipient can nominate up to three SSA payees in advance using Form SSA-4547

### Advance Designation of Representative Payee

IF YOU CURRENTLY HAVE A REPRESENTATIVE PAYEE, PLEASE DO NOT COMPLETE THIS FORM. CONTACT THE NUMBER BELOW IF YOU HAVE QUESTIONS RELATED TO THE REPRESENTATIVE PAYEE PROGRAM.

#### ADVANCE DESIGNATION

As a Social Security beneficiary or applicant for benefits, you have the option to designate individuals, in order of priority, to serve as your representative payee should you need one in the future. You must be at least 18 years of age or an emancipated minor to make an advance designation. You can make updates or change the order of priority of your advance designee(s) at any time. If you are a beneficiary, we will notify you annually of the individuals you have designated in advance as your potential representative payee. If the time comes that you are not able to manage or direct the management of your benefits, we will follow your order of priority to review and select your representative payee. If your advance designees are not able and willing to serve, or do not meet SSA selection requirements, we will consider another representative payee to serve in your best interest.

**NOTE:** You may not designate an organization to serve as a representative payee.

#### WAIVER OF ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE

I choose not to make an advance designation of a representative payee at this time. I understand that I may do so later by notifying SSA. I can also use "my Social Security" account at <https://www.ssa.gov/myaccount/> to provide my advance designations or to make necessary changes.

PRINT YOUR NAME (First Name, Middle Initial, Last Name)

Social Security Number

I am 18 years of age or older

I am below 18 years of age, but I am an emancipated minor

I am providing in priority order the name(s) and information of individuals below whom I want to designate in advance to be my representative payee, should I need one in the future.

Order of Priority	Full Name of Designee (ex: John A. Doe, Jr.)	Telephone Number (999) 999-9999 Ext-999999 (Domestic or Foreign)	Relationship (optional) (Spouse, parent, friend, etc.)
1			
2			
3			

**WITHDRAWAL:**

I am withdrawing all of my previously provided advance designations.

**THIS REPLACES ANY PREVIOUS ADVANCE DESIGNATION(S) ON FILE.**

SIGNATURE (Write in ink)

Date (Month, Day, Year)

Telephone (Area Code/Country Code and Number)

Mailing Address (Number and Street, Apt. No., P.O. Box or Rural Route)

City

State/Country

ZIP Code

SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.

Visit <https://www.ssa.gov/locator> to find SSA offices by zip code, and services outside the United States. SSA offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY Number, 1-800-325-0778.

# What is a Professional Fiduciary?

- A person who has been licensed in their state to serve in an official fiduciary role
  - E.g. DPOAF or Advance Directive agent, trustee, conservator, SSA Rep Payee, executor, etc.
- Does not create a special type of legal & financial surrogacy





## Case of Mrs. C



Mrs. C is an 82-year-old woman diagnosed with Alzheimer's dementia. She has a history of wandering and becoming distressed when she forgets where she is. She lives at home with her daughter M, who is her primary caregiver and IHSS worker. They live in an apartment and do not have other family to assist.

After being found wandering and delirious after leaving the home while her daughter was getting groceries, her hospital discharge team thinks she needs to be placed in a facility. One available facility is refusing to admit her until they have a financially responsible party who can sign her in. Mrs. C has never named anyone as a financial agent.

# How can these forms of advance care planning assist Mrs. C?

- Document her goals for health care!
- A legally authorized financial decision maker can help her figure out how to pay for long-term support services or determine eligibility for services.
- Naming a financial agent can assist her in entering an assisted living facility.
- Avoiding conservatorship!



## Case of Ms. B

Mrs. Bragg is a 78 yo woman with recent positive screen for cognitive impairment. She has not yet received a formal diagnosis. She has severe knee osteoarthritis, uses a walker, and gets out rarely. She lives in a senior building where there are regular activities and congregate meals. Her grandson lives with her and occasionally comes to medical appointments. He is her IHSS provider. Her PCP is concerned that they struggle to manage her medications sometimes and, more critically, that Ms. Bragg might be evicted because the building rules do not permit her to have her grandson live with her.

Ms. Bragg and her grandson rely on Medi-Cal, have very low income and, if evicted, could become homeless. The PCP has talked to Ms. Bragg about this and Ms. Bragg insists that her grandson takes good care of her, is the only one she trusts, and that “they would never do that to us.” The PCP thinks Ms. Bragg lacks capacity to understand the risks and is unsure that the grandson is acting in her best interest.

# Should Ms. B engage in advance care planning?



# How can health care teams help with advance planning?



Let patients know that medical, financial and legal planning is important to their future care; regardless of their assets.

Discuss who they trust to help with medical decisions and financial matters if they become too sick to manage on their own.

Refer patients to resources in the community to help them complete the process!



# Resources

## Law Help California (LawHelpCA):

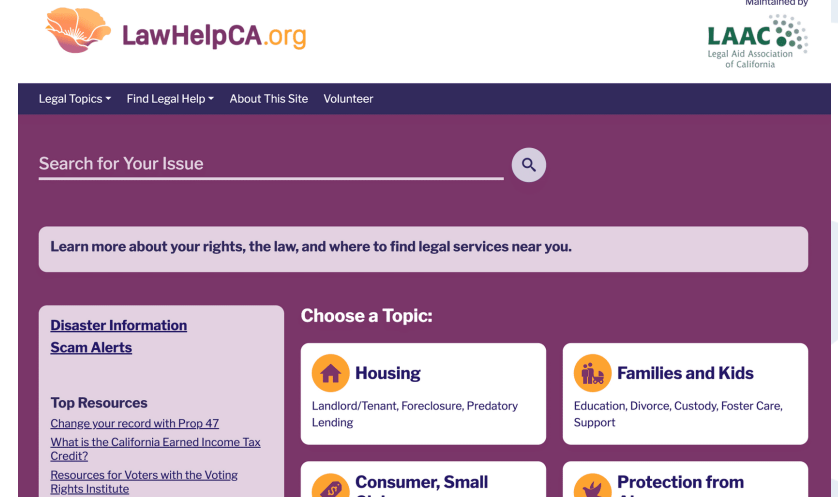
[www.lawhelpca.org](http://www.lawhelpca.org)

- Website that offers resources on legal topics and how to find legal assistance

## Prepare for Your Care:

[prepareforyourcare.org](http://prepareforyourcare.org)

- Free website to assist with completing an Advance Health Care Directive
- Offers decision support tools, including videos, to help patients complete an Advance Health Care Directive



Maintained by LAAC Legal Aid Association of California

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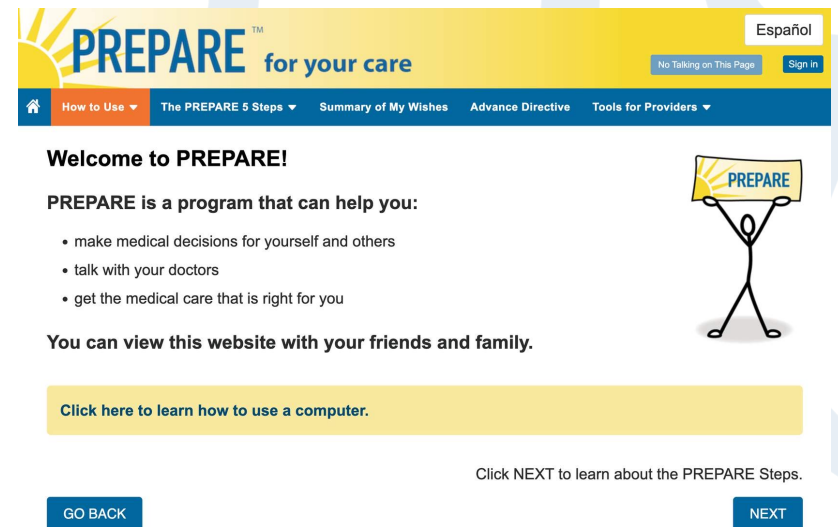
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- make medical decisions for yourself and others
- talk with your doctors
- get the medical care that is right for you

You can view this website with your friends and family.

Click here to learn how to use a computer.

Click NEXT to learn about the PREPARE Steps.

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# How to Claim Continuing Medical Education (CME) Credit?

Please scan the QR code on this slide to claim credit.

- Use your phone camera to scan the QR code and tap the notification to open the link associated with the CME portal.
- Enter your first name, last name, profession, and claim **1 CE credit** for the webinar.



# Thank You

For more information please contact:

[mlptraining@uclawsf.edu](mailto:mlptraining@uclawsf.edu)

More information about Dementia Care Aware program offerings and opportunities can be found at [DementiaCareAware.org](https://DementiaCareAware.org). Learn more about education and training opportunities offered at DCA!

