PLANNING AHEAD: ADVANCE DIRECTIVES

Health Home Care Coordinators
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Today’s Presenter

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Training Objectives

Gain an understanding of advance directives and the care coordinator’s role in offering clients an opportunity to discuss advance directives and offer support and referral to resources

Increase knowledge and awareness of various legal tools that may be used as advance directives

Special considerations related to advance directives

Care Coordinator’s Responsibility

Offer the client, family or legal representative an opportunity to discuss advance directives as part of the core service of individual and family support

Offer resources and referral to legal services which provide assistance with advance directives

Offer discussion and referral within the first or second HAP trimester (first eight months)
Care Coordinator’s Responsibility

Document in the client’s narrative record

1. That you offered to discuss advance directives

2. That you offered to refer to legal resources when applicable
   • Care coordinators do not draft these legal documents
   • Care coordinators will complete a referral to legal services if the client, family or legal representative agree to a referral

3. Care coordinators will document that the client, family or legal representative declined to discuss advance directives and/or the offer to refer to legal services

The Northwest Justice Project (NJP) is Washington’s publicly funded statewide legal aid program.

NJP provides free legal help to eligible low income persons and groups facing certain types of civil legal problems.
Publications

http://www.washingtonlawhelp.org/

Videos

https://www.youtube.com/user/NWJusticeProject
SUPPORTED DECISION-MAKING

Decision Support

- Sign a lease
- Authorize surgery
- Sell house
- Pay bills
- Transfer car title
- Negotiate with lender
- Refuse treatment
- Give gifts
Decision Support Tools

1. Durable/Power of Attorney
2. Health Care Directives
3. POLST
4. Social Security Representative Payee
5. Consent to Health Care Statue
6. Guardianship

Supported Decision-Making

• Your client can sign legal documents that:

Give a trusted person powers to make decisions for your client or on behalf of your client.

Trusted Person
Supported Decision-Making

- Your client can sign **legal documents** that:

  Give a trusted person powers to make decisions for your client or on behalf of your client.

![Diagram of decision-making process]

Supported Decision-Making

- Your client can sign **legal documents** that:

  Give a trusted person powers to make decisions for your client or on behalf of your client.

![Diagram of decision-making process]
Supported Decision-Making

Money & Property

Money, Property & Healthcare

or

Healthcare

Supported Decision-Making

- Your client can sign legal documents that:

Tell medical providers what kind of health care your clients wants or does not want.
Supported Decision-Making

• Your client must be able to understand what he or she is signing.

• Sufficient understanding and memory to comprehend the nature, purpose, and consequences of one’s acts.
No Legal Documents = Guardianship

- Court
- Expensive
- Loss of significant personal rights, including:
  - right to vote,
  - right to marry or divorce,
  - right to hold a drivers license,
  - etc.

TYPES OF LEGAL DOCUMENTS
Documents **Every** Adult Should Have

- Power of Attorney for Finances
- Power of Attorney for Health Care
- Health Care Directive

Chapter 11.125 RCW
UNIFORM POWER OF ATTORNEY ACT

Documents **Some** Adults Should Have

- Mental Health Directive
- Alzheimer’s/Dementia Directive
- Physician Orders for Life-Sustaining Treatment (POLST)
Power of Attorney - Finances

Make deposits and withdraw money

Manage real property

Special Powers:
- Disclaim inheritance
- Gifts
- Beneficiary designations
- Trusts
Powers of Attorney - Health

1. Appointment.
   I, ______________________, a resident of the State of Washington, hereby appoint ______________________, as my Agent, with full authority to make health care decisions on my behalf. See Exhibit A for my Agent’s contact information.

2. Alternate.
   If for any reason my Agent becomes unable or unwilling to act, then I appoint ______________________, as my Agent with full authority to make health care decisions on my behalf. See Exhibit A for my Alternate Agent’s contact information.

3. Durable Power of Attorney. This Power of Attorney shall not be affected by my disability and will remain in effect to the extent permitted by RCW 11.94 or until it is revoked.

4. Effective Date. This Power of Attorney shall become effective: 
   - Immediately.
   - Only when my Agent states in writing that I lack the mental capacity to make important decisions independently.
   - Only when my physician states in writing that I lack the mental capacity to make important decisions independently. See Exhibit B for Certificate of Physician.

5. Revoking My Powers of Attorney. This Power of Attorney may be revoked by a written notice mailed or delivered to my Agent. See Exhibit C for Revocation Notice.

Powers of Attorney - Health

- Consent to, or withhold consent from, medical treatment
- Hire and fire providers
- Admission to medical facilities
- Visitation rights
- Records Access = HIPAA release
LET’S TALK ABOUT IT

Agent & Alternate Agent

LET’S TALK ABOUT IT

Durable?
LET’S TALK ABOUT IT

“Spring” Later or Start Today?

LET’S TALK ABOUT IT

Change or Cancel?
LET’S TALK ABOUT IT

Sign & Notarize?

Where do the documents go?

- Original
- Copy
- Copy
- Copy

Agent
Alternate Agent
Your Client’s Important Papers
Medical Provider (optional)
SPECIAL CONSIDERATIONS

Conditions

• Terminal condition

• Permanent unconscious condition
Withholding or Withdrawing Treatment

- Tube feeding for nutrition and hydration
- Artificial hydration, unless it is necessary for my comfort
- CPR
- Surgery to prolong life
- Blood dialysis
- Blood transfusion
- Medication used to prolong life, not for controlling pain.

Witnessed

Witnesses May Not Be:
- Related by blood or marriage
- Entitled to receive any portion of estate
- Physician or employee of the health care facility
LET’S TALK ABOUT IT

Health Care Institutions Refusal to Honor My Advance Directive

Mental Health Care Directive

Mental Health Care Directive

As a person with capacity, I willfully and voluntarily execute this Mental Health Care Directive so that my wishes regarding mental health care will be carried out in circumstances when I am unable to express my preferences regarding my mental health care. If this document is obtained by a court or other health care provider regarding my mental health care, it shall be honored by the court or health care provider in lieu of any other means of ascertaining my wishes. If I have appointed another person to make health care decisions for me, whether through a durable power of attorney or otherwise, then I request that my agent be guided by my desires expressed in this directive or as otherwise communicated to my agent. It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid, it is my wish that the remainder of my directive be implemented.

1. Effective Date. I instruct that this directive become effective: (initial the choice that applies)

   ______ Immediately.

   ______ Only when I lack the mental capacity to make important decisions independently.

   ______ Only when the following circumstances, symptoms, or behavior occur:

2. Duration. I want this directive to:

   ______ Remain valid and in effect indefinitely.

   ______ Automatically expire ______ years from the date it was created.
Preferences for Mental Health Care

- Medication
- Hospital
- Provider
- Types of Treatment
- Pre-Emergency Intervention
- Restraint and Seclusion

LET’S TALK ABOUT IT

Psych Hospital & ECT
Alzheimer’s Disease/Dementia
Health Care Directive

LET’S TALK ABOUT IT

Driving Privileges
LET’S TALK ABOUT IT

Aggressive, Combative or Assaultive Behavior

LET’S TALK ABOUT IT

Intimate Relationships
POLST

LET’S TALK ABOUT IT

Who needs a POLST?
Where does a POLST go?

Questions?
PrepareforYourCare.org

Welcome to PREPARE!
PREPARE is a program that can help you:
- 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 the NEXT button to move on.

CaringInformation.org
Certificate of Completion

Advance Directives

Health Home Program Washington

Certificate of Completion

Advance Directives

Luanne Scalfini, Attorney
Northwest Justice Project
Olympia, Washington

Webinar aired on: April 13, 2017 in Lacey, Washington
for Health Care Coordinators and Allied Staff

Training Credit of 1 Hour

Please sign and date to attest that you reviewed this PowerPoint presentation.

__________________________ ____________
Your Signature Date

__________________________ ____________
Supervisor’s Signature Date
Post Webinar Discussion Questions

What reactions have you received when you have initiated a discussion about advance directives with clients, family members or other representatives?

What have you done when a client does not know if they have signed any of these legal documents?

What new information did you receive from today’s webinar?

Are you aware of any free or reduced cost legal services in your community? If you are not aware how do you plan to research or locate them?