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## **PLANNING AHEAD: ADVANCE DIRECTIVES**

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Health Home Care Coordinators  
April 13, 2017



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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

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

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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

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

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Offer discussion and referral within the first or second HAP trimester (first eight months)

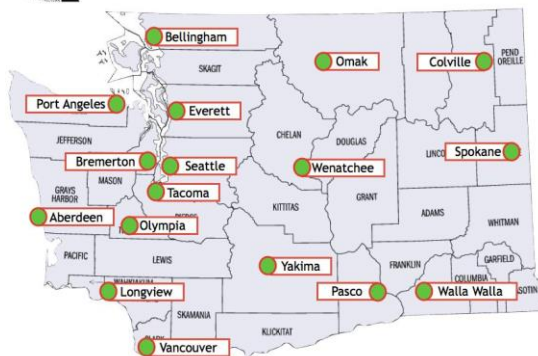
# Care Coordinator's Responsibility

## 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



## Northwest Justice Project



**CLEAR Helpline**  
1-888-201-1014

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

The screenshot shows the Washington LawHelp.org website. At the top, there's a navigation bar with 'Understand Your Legal Issue' and 'Find Legal Help' tabs. Below this is a search bar. The main content area is titled 'Understand your legal issue, solve your problem' and lists various legal topics with icons and brief descriptions. Topics include Family Law (Divorce, Child support), Housing (Tenant rights, Eviction), Consumer & Debt (Auto financing, Credit reports), Protection from Abuse (Domestic Violence, Elder Abuse), Public Benefits (Appeals, Cash assistance), Seniors (Elder Abuse, Financial Exploitation), Health (Health Care Reform, Medication), Youth Law & Education (At-risk children, Disenrollment), and Employment / Farm Worker Rights (Childcare provider rights, Discrimination). A sidebar on the right provides 'More Languages' (Spanish, Russian, Chinese, Vietnamese) and 'Free Legal Assistance' information.

<http://www.washingtonlawhelp.org/>

## Videos

The screenshot shows the Northwest Justice Project YouTube channel. The channel name is prominently displayed at the top. Below it, there's a search bar and navigation options like 'Home', 'Videos', 'Playlists', 'Channels', and 'About'. A grid of video thumbnails is visible, each with a title in Spanish and a view count. The thumbnails cover various legal topics such as 'Información acerca del Impuesto sobre la renta de los trabajadores', '¿Deberé presentar una declaración de impuestos este año?', '¿Dónde puedo ir a obtener ayuda adicional?', 'Introduciendo la Durable Power of Attorney for Health Care', and 'Introduciendo la Health Care Directive or "Living Will"'. The channel also has a 'Subscribe' button.

<https://www.youtube.com/user/NWJusticeProject>

# SUPPORTED DECISION-MAKING

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## 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

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## 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.

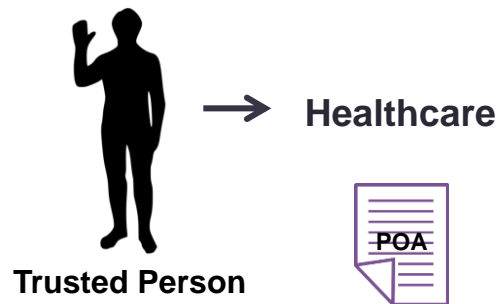


**Trusted Person**

## Supported Decision-Making

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

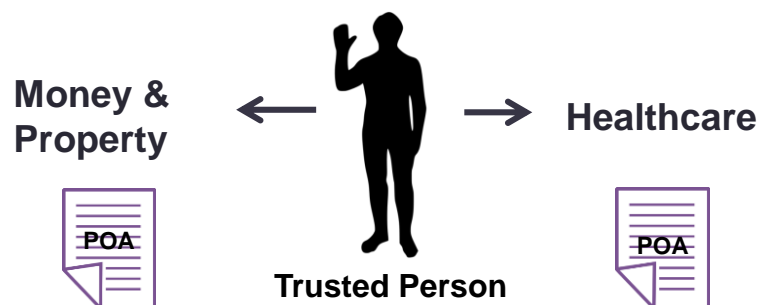
Give a trusted person powers to make decisions for your client or on behalf of your client.



## 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.



## Supported Decision-Making

Money &  
Property



Healthcare



or

Money,  
Property  
&  
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.



**Medical providers**





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## Supported Decision-Making



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## Capacity

- 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

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## 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

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## Documents Some Adults Should Have

- **Mental Health Directive**
- **Alzheimer's/Dementia Directive**
- **Physician Orders for Life-Sustaining Treatment (POLST)**

## Power of Attorney - Finances

**Durable Power of Attorney for Finances for**

\_\_\_\_\_ [My Name]

1. **Appointment.** I, \_\_\_\_\_, a resident of the State of Washington, hereby appoint \_\_\_\_\_ as my Agent with full authority to manage my finances. I revoke any Power of Attorney for Finances I may have given in the past. 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 manage my finances. See Exhibit A for my Alternate Agent's contact information.

3. **General Powers of My Agent.** My Agent shall have full power and authority to do anything as fully and effectively as I could do personally if I were alive and competent. This power shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property.

4. **Special Powers of My Agent.** My Agent shall have the following special powers: *(initial all choices that apply; cross out the choices that do not apply)*

\_\_\_\_\_ **Disclaimer:** My Agent shall have the authority to disclaim any interest in any property which I would otherwise inherit, as provided in RCW 11.86.

\_\_\_\_\_ **Gifts:** My Agent shall have the unlimited authority to make gifts, including gifts to him/herself as the Agent. The unlimited authority to make gifts may be used for the purpose of qualifying for Medicaid.



## Power of Attorney - Finances

Make deposits and withdraw money

Manage real property

Special Powers:

- Disclaim inheritance
- Gifts
- Beneficiary designations
- Trusts



## Powers of Attorney - Health

**Durable Power of Attorney for Health Care**  
for

\_\_\_\_\_ (My Name)

\_\_\_\_\_ 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: initial the choice that applies)  
\_\_\_\_\_ 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 Power 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?

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**LET'S TALK  
ABOUT IT**

**“Spring” Later or Start  
Today?**

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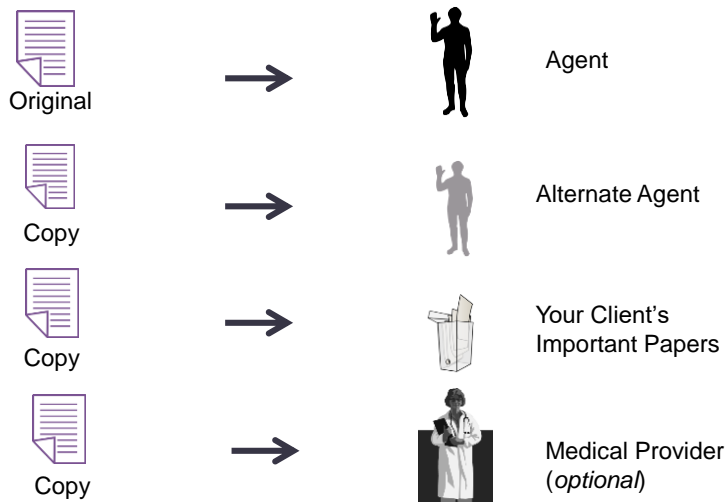
**LET'S TALK  
ABOUT IT**

**Change or Cancel?**

# LET'S TALK ABOUT IT

Sign & Notarize?

Where do the documents go?





# SPECIAL CONSIDERATIONS

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## **Conditions**

- Terminal condition
- Permanent unconscious condition

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## 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.

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## 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**  
of

[My Name]

As a person with capacity, I willfully and voluntarily execute this Mental Health Care Directive so that my choices regarding my mental health care will be carried out in circumstances when I am unable to express my instructions and preferences regarding my mental health care. If a guardian is appointed by a court to make mental health decisions for me, I intend this document to take precedence over all other health decisions for me, whether through a durable power of attorney or otherwise, then I request that my agent be guided by my desires as 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 intend 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 behaviors occur:

**2. Duration.** I want this directive to: (initial) the choice that applies

Remain valid and in effect indefinitely.

Automatically expire \_\_\_\_\_ years from the date it was created



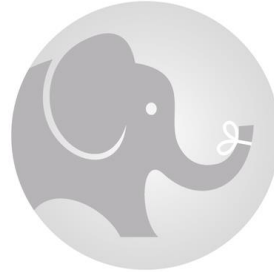
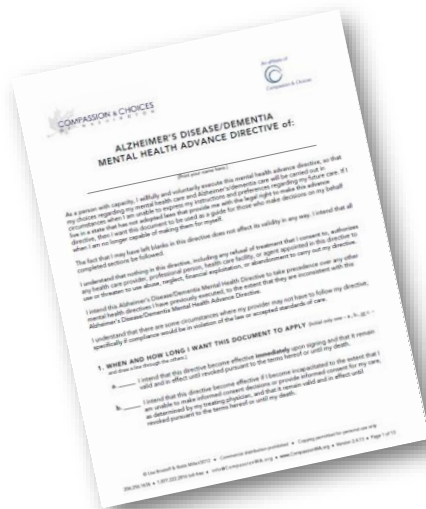
## **Preferences for Mental Health Care**

- 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

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## **LET'S TALK ABOUT IT**

**Aggressive, Combative  
or Assaultive Behavior**

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## **LET'S TALK ABOUT IT**

**Intimate Relationships**

# POLST

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

### Physician Orders for Life-Sustaining Treatment

Last Name - First Name Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Last 4 E.O.N. Gender:  M  F Age: \_\_\_\_\_  
 Medical Conditions/Patient Goals: \_\_\_\_\_

**NOTE:** When these orders, THIS order, are signed, your profession is required by law to provide the care indicated by the POLST to you. The POLST is not a medical order, it is a document that provides information to other health care providers about your wishes. It is not a contract, it is a document that provides information to other health care providers about your wishes. It is not a contract, it is a document that provides information to other health care providers about your wishes.

**A. CARDIOPULMONARY RESUSCITATION (CPR):**  **CRITICAL:** Do not attempt resuscitation after Natural Death. Choosing POLST will include appropriate comfort measures and may still include the range of treatments below. **When not to do cardiopulmonary arrest, go to part B.**

**B. MEDICAL INTERVENTIONS:** Use medications by any route, positioning, resuscitation, and other measures to relieve pain and suffering. Use oxygen, oral care, and manual treatment of airway obstruction as needed for comfort. **COMFORT MEASURES ONLY:** Use medications by any route, positioning, resuscitation, and other measures to relieve pain and suffering. Use oxygen, oral care, and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** Do not attempt resuscitation or other medical interventions. **LIMITED ADDITIONAL INTERVENTIONS:** Includes care described above. Use medical treatment, for fluids and cardiac resuscitation as indicated. Do not use intubation or mechanical ventilation. May use low oxygen air. **TRANSFER TO HOSPITAL IF INDICATED:** Transfer to hospital if indicated. Includes transfer care, any support (eg, CPR, IVs).

**C. SIGNATURES:** The signatures below verify that these orders are consistent with the patient's clinical condition, known preferences and best known information. It is signed by a physician, the patient must be deemed capable of understanding and the person signing is the legal surrogate.

Physician/MD/PA/C - Name \_\_\_\_\_ Date (month/day) \_\_\_\_\_  
 Patient or Legal Surrogate Signature (date/initials) \_\_\_\_\_ Date (month/day) \_\_\_\_\_  
 Health Care Directive Signing (date) \_\_\_\_\_  
 Health Care Directive Signing (date) \_\_\_\_\_

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

For more information on POLST, forms and request cards, visit [www.wa.gov/polst](http://www.wa.gov/polst).

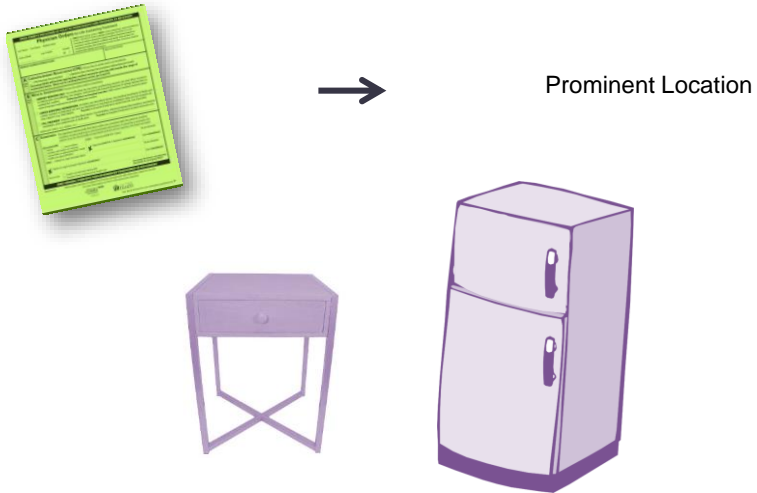


# LET'S TALK ABOUT IT

Who needs a POLST?

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Where does a POLST go?



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**Questions?**



# PrepareforYourCare.org

The screenshot shows the homepage of PrepareforYourCare.org. At the top, there is a navigation bar with "Stop Talking" (with a red exclamation mark), "HELP", "CHOOSE LANGUAGE", and "SIGN OUT". Below this is a banner with the "PREPARE" logo and a row of photos of diverse people. A left sidebar contains a "Welcome" section with a "Hide Contents" link, followed by numbered steps: 1. Choose a Medical Decision Maker, 2. Decide What Matters Most in Life, 3. Choose Flexibility for Your Decision Maker, 4. Tell Others About Your Wishes, 5. Ask Doctors the Right Questions, and sections for "Your Action Plan" and "Other Stuff". The main content area features a "Welcome to PREPARE!" heading, a definition of the program, a list of benefits (making medical decisions, talking with doctors, getting the right care), and a note that the site can be viewed with friends and family. A yellow button says "Click the NEXT button to move on." Below are "GO BACK" and "NEXT" buttons. The footer includes links for "About", "Terms of Use", "Privacy", "Contact", "Donate", and "Sign Up", along with copyright information for the University of California, 2012.

# CaringInformation.org

The screenshot shows the homepage of CaringInformation.org. The header includes the "National Hospice and Palliative Care Organization" logo and "CaringInfo" branding. A navigation menu lists "Home", "Advance Care Planning", "Caringiving", "Hospice and Palliative Care", "Grief & Loss", and "Resources". A search bar is located on the right. The main content area features a large image of an elderly couple, a description of the site's purpose, and several blue buttons for "Advance Care Planning", "Caringiving", "Hospice & Palliative Care", and "Grief & Loss". Below these are green buttons for "¿Hablas español?" and "Download Free Information". On the right side, there is a "moments of life.org" logo, a "Download your state specific Advance Directive" button, and a "Find a hospice" button. The footer contains a "Donate" button and social media icons for Facebook and Twitter. A small text block at the bottom explains that CaringInfo is supported by individual donations and other funding from the National Hospice Foundation (NHF), a 501(c)(3) tax-deductible non-profit organization.

# HealthinAging.org



# Certificate of Completion

## Advance Directives

Luanne Serafin, Attorney  
 Northwest Justice Project  
 Olympia, Washington

*Webinar aired on: April 13, 2017 in Lacey, Washington  
 for Health Home 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?

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

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

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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?