

# Roadmap for Advance Planning

Ensure that your  
wishes are known  
and honored if  
you are unable to  
speak for yourself



**Aging  
Well**  
In Jefferson  
County, Colorado

*Created by the Aging Well in Jefferson County, Colorado  
Caregiving and Supportive Services Workgroup*

# Roadmap for Advance Planning

For many people, the idea of creating advance directives or advance care plans is confusing, overwhelming, and maybe even depressing. It's hard to know where to begin. However, advance care planning is an important tool for a person to have as much control as possible over what care and living arrangements are made on their behalf, should they become unable to make those decisions themselves. Advance care plans are also a gift to family members, who so often struggle with guilt and uncertainty over what their loved one may have wanted.

This document was created to give an overview of what types of advance directives can be created. Basic definitions about different types of legal documents and advance planning tools are provided, as well as additional resources to help guide you toward the right resources for your specific situation. We hope this guide serves as an informative starting point in creating your advance directives and communicating your wishes with loved ones.

*Links* (noted in orange) to the various documents described throughout this guide, can be found in Helpful Resources on page 13.

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# Step 1 Gather Information & Discuss with People Close to You

*There are many tools out there to help you start the planning process. Gathering this information and sharing it with others is an important first step.*

## **Think in General about Your Needs, Wishes and Options for the Future**

Challenges come in life and planning ahead before a crisis happens helps everyone better deal with the situation. These considerations and discussions are difficult. The goal is to offer practical resources and tips that convey respect for decisions of aging family members while addressing the fears and guilt that younger family members often experience.

## **Identify Important Social Connections**

Friends and places where people gather are important. Feelings of isolation and depression can escalate when people lose what's familiar to them. Explore local senior centers, recreation centers, senior living communities, and churches, which can provide many options for a wide variety of interests.

## **Learn How to Find Care for Personal and Home Health Needs**

Everyday tasks take more and more energy as people age. Preparing meals, getting to a doctor's appointment or getting a haircut are all things that may require a shift in the way the tasks are done. *Colorado area agencies on aging* are good places to begin to understand what types of resources are available in your community. Social or human services agencies, health departments, churches and many providers help seniors stay active and independent. Care managers and other skilled professionals play an important role in linking seniors with services.

## **Consider Transportation Options**

In our society, cars often serve as a link to friends and emotional well-being, and symbolize independence and the freedom to make one's own choices. However, difficulties with driving, citations, and fender-bender accidents can precipitate events that make you take a close look at an aging person's abilities. Then take the guesswork out of the situation by getting an independent assessment. Area police departments, Department of Motor Vehicles, insurance companies, and other agencies offer testing and defensive driving courses for seniors. AARP also offers a driver safety course. Explore alternatives long before keys need to be hung up permanently.

## Explore Housing Options

Homes enclose many years of shared memories and symbolize self-sufficiency and independence. Exploring multiple options is critical, whether staying in the home or moving to a new living situation. Research tells us seniors most value five key things: security, freedom, peace of mind, friends and choices. The goal is realizing, “Wow, I didn’t know life could still be this good.”

## Share Your Wishes by Using a Tool

*The Conversation Project* offers a useful toolkit that prepares people for having the conversation with their loved ones about what their wishes are for end-of-life care.

The *Family Love Letter* is a tool that summarizes in one document all the important information that family members would need to know after a person passes away. It includes things such as contact information for the person’s attorney and financial advisors, where bank accounts are held, and insurance policies the person holds.

*Checklist for My Family: A Guide to my History, Financial Plans, and Final Wishes*, available through AARP, is a guide that helps you put your life in order by gathering in one place your on-line accounts, finances, legal documents, wishes about medical care and more. It tells exactly what information you need, why, what’s missing, and where to get it. It is a gift to loved ones, sparing them needless frustration when they need to step in.

Notes \_\_\_\_\_

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# Step 2 Identify Decision-Makers and Document your Choices

*It is important to make sure you are using forms that are accepted by your medical team. Consider consulting with an attorney, doctor, case manager or social worker regarding appropriate documents.*

## **Create a Living Will or Advance Directive for Medical/Surgical Treatment (in Colorado)**

Living Wills or Advance Directives for medical/surgical treatment are generic terms for a document that describes what kind of care a person wants under different medical circumstances. It is used as the guiding force for medical decisions when a doctor declares that a person is no longer capable of making or communicating their medical wishes. An attorney can draw up a customized Living Will specific to your situation.

**Five Wishes** is a widely used document that is designed for adults of any age to plan for what care they want in case of a serious illness. It is a form that can be used to document your wishes. It is lengthy, however, and first responders or even doctors may not have time to read the document before needing to make a decision about your care.

The **MOST form** is a brief, one-page tool in Colorado that quickly summarizes your wishes for care. It should be completed with your physician, and then kept in a place that is easily visible to first responders (on the fridge or on the back of the front door, for example).

## **Appoint a Healthcare Agent under a Medical Durable Power of Attorney**

In Colorado, no one is automatically authorized to make healthcare decisions for another adult—not spouses, adult children, other family members, nor physicians.

The **Medical Durable Power of Attorney** (also called the “Power of Attorney for Healthcare”) is a document you sign to appoint someone to make your healthcare decisions for you. The person you name is called your healthcare agent. In most cases, your agent only makes decisions for you when you cannot. This may be temporary, while you recover from an accident or injury, or long term, if you are permanently incapacitated. Your agent can get copies of your medical records, consult with your doctors and other healthcare providers, and make all decisions necessary for your care.

Your agent is supposed to act according to your wishes and values, so it's important to talk to him/her about your values, goals, and preferences for treatment. Ideally, the agent is someone who knows you very well. He or she must be able to devote the time and energy to handling your needs.

A Medical Durable Power of Attorney (MDPOA) is not the same as a general Power of Attorney (POA). The MDPOA agent is only authorized to make healthcare decisions. A general POA covers legal and financial affairs. The authority of both types of agent ends at your death.

### **Appoint a Decision-Making Agent under a General Durable Power of Attorney**

The *General Durable Power of Attorney* document allows a person (called the principal) to name another individual (called an agent), usually a trusted family member or friend, to make financial decisions should the person become no longer able. The agent should be chosen carefully and should be fully informed of what is required of them as an agent.

Power of attorney documents should be written so that they are “durable,” meaning that they are valid even after the principal is incapacitated and can no longer make decisions.

Power of attorney does not give the appointed person (agent) the authority to override the decision making of the person (principal). The person maintains the right to make his or her own decisions — as long as he or she has legal capacity — even if the decisions are not what others believe are good decisions.

The agent is authorized to manage and make decisions about the income and the assets of the principal. This agent is responsible for acting according to the instructions, and in the best interests, of the principal.

For both Medical Durable Power of Attorney and General Durable Power of Attorney, it is a good idea to name successor, or “back up” agents in case the primary agent is no longer able to perform their duties.

Standardized forms for *Medical Durable Power of Attorney* and *General Durable Power of Attorney* are available on-line.

However, if you anticipate conflict within your family about whom you've appointed, or have complex financial and/or medical issues, it's best to consult with an *elder law attorney* who can create the right forms based on your specific situation.

## Options When Someone is Unable to Participate in Decision-Making

In Colorado, no one is given automatic authority to make decisions for another adult, and healthcare providers cannot make decisions for patients except in an emergency. If no agent has been appointed under a Medical Durable Power of Attorney, and a person is no longer able to make their own medical decisions, a *Proxy Decision Maker* is needed.

The physician (or another provider s/he appoints) has the responsibility to gather together all the people who have an interest in your well-being. This could include your spouse or partner, parents, adult children, grandchildren, siblings, close friends, or professional advisors such as clergy, attorneys, care providers or financial managers. The group of “interested parties” must agree by consensus which one of them will serve as your “proxy” decision maker. The selection of the “proxy” is documented by your physician in your medical record. If the group can’t agree on who the proxy should be, then guardianship needs to be pursued through the courts.

Like your agent, your proxy should act according to your wishes and values, so the proxy should be the one who knows your medical treatment wishes the best. Proxies selected in this way cannot refuse artificial nutrition and hydration for you, unless two doctors agree that such treatment would not help you get well but would only prolong dying.

A *guardian* is a person or persons appointed by a court to assist with the personal affairs and make decisions on behalf of a minor or an adult who is incapacitated (referred to as the “ward”). The guardian only makes decisions when the ward is unable to do so, and needs to make decisions considering the desires and values of the ward whenever possible. Decisions made by the guardian can include where the ward should live, arranging medical care, and financial issues. They report regularly to the court regarding the status of the guardianship.

A *conservator* is a person, or persons, appointed by a court to manage finances and property for an adult who is incapacitated, and whose considerable assets may be wasted or dissipated unless management is provided; or if protection is necessary for a vulnerable adult.





# Step 3 Determine your Options for Paying for Care

In Colorado, the *State Health Insurance Assistance Program (SHIP)* can help screen for any financial benefits for which you or a loved one may be eligible.

## Out of Pocket/Private Pay

Personal assets belonging to the incapacitated person or other family members can be sources of income to help pay for care. These include investment accounts, savings accounts, or selling assets such as jewelry or real estate.

## Long-Term Care Insurance

A person will not be able to purchase long-term care insurance if they've already been diagnosed with a debilitating illness, such as dementia. If long-term care insurance is already in place, carefully review the policy to find answers to the following questions:

- Is Alzheimer's disease covered? Most policies say they cover it, but take a closer look to be sure.
- When can the person begin to collect benefits? Most policies require a defined level of physical or cognitive impairment.
- What is the daily benefit, and is it adjusted annually for inflation?
- How long will benefits be paid?
- Is there a maximum lifetime payout?
- What kind of care will the policy cover? Examples include skilled nursing home, assisted living and licensed home care.
- How long after diagnosis will the policy begin to pay? This is often called the elimination period.
- Are there tax implications for getting this money?

## Medicare

Medicare is a federal health insurance program generally for people age 65 or older who are receiving Social Security retirement benefits or who are younger than 65 and received Social Security disability benefits for at least 24 months.

Medicare covers inpatient hospital care and some of the doctors' fees and other medical items. Medicare Part D also covers many prescription drugs. Medicare will pay for up to 100 days of skilled nursing home care under limited circumstances. However, long-term nursing home care is not covered by Medicare. Medicare will also pay for hospice care delivered in the home, a nursing facility or an inpatient hospice facility for people who are determined by a doctor to be near the end of life.

## **Medicaid**

Medicaid is a federal/state program intended to pay for healthcare costs of people with limited income and assets.

The person must require physical assistance at a certain level, and must have limited income and assets. When determining income and asset levels for individuals who live in a nursing home, there are also specific guidelines to protect spouses who live in the community from impoverishment.

The person should be very careful about giving away assets to family members to qualify for Medicaid. Strict laws govern this area. Check with your legal adviser to be sure you are fully aware of the legal and financial results of transferring property and wealth.

For people who meet eligibility requirements, Medicaid covers all or a portion of nursing home costs. Be aware that not all nursing homes accept Medicaid. Most states also have home-care options for people who qualify, which allow individuals to live in their homes in the community and receive long-term care services.

To apply for Medicaid in Colorado, Medicaid applications are processed through the County Human Services office and the local *Single Entry Point (SEP) Agencies*.

## **Veterans Benefits**

*VA benefits* offered through the Veterans Health Administration and the Veterans Benefits Administration, entitle veterans to health care, long term care services and support, and monetary benefits.

Veterans that are eligible for, and participate in VA Health Care may have access to a variety of Long Term Care Services. There are four categories of Long Term Services and Supports: Home and Community-Based Care, Residential Settings, Nursing Homes, and Geriatric Services.

Veterans meeting certain eligibility criteria regardless of their involvement with the VA Healthcare system may be eligible for monetary assistance including pension, Aid and Attendance, or Housebound allowance.



## Helpful Resources (but not an exhaustive list)

Colorado Area Agencies on Aging

<https://sites.google.com/a/state.co.us/cdhs-cai-aas/state-unit-on-aging/area-agencies-on-aging>

The Conversation Project

<http://www.theconversationproject.org>

Family Love Letter

<http://www.familyloveletter.com>

Checklist for My Family

<http://www.aarp.org/ForMyFamily> or at bookstores.

“Your Right to Make Healthcare Decisions” by the Colorado Hospital Association

[http://www.cha.com/medicaldecisions\\_2011-02.aspx](http://www.cha.com/medicaldecisions_2011-02.aspx)

National Academy of Elder Law Attorneys, Inc.

<https://www.naela.org>

Five Wishes

<http://www.agingwithdignity.org>

MOST form

<http://coloradoadvancedirectives.com/most-in-colorado>

Colorado Medical Durable Power of Attorney form

<http://coloradoadvancedirectives.com/advance-directives-in-colorado/medical-durable-power-of-attorney/>

Colorado Power of Attorney form

[https://www.ltgc.com/files/forms/co\\_poa06182013.pdf](https://www.ltgc.com/files/forms/co_poa06182013.pdf)

Proxy Decision Makers

<http://coloradoadvancedirectives.com/advance-directives-in-colorado/medical-proxy-for-decision-making/>

Guardianship and Conservatorship information

[https://www.ltgc.com/files/forms/co\\_poa06182013.pdf](https://www.ltgc.com/files/forms/co_poa06182013.pdf)

“What to do when Someone Dies” from the Colorado Bar Association

<http://www.cobar.org/index.cfm/ID/20884>

Legal and Financial planning information for Alzheimer’s

<http://www.alz.org/care/alzheimers-dementia-financial-legal-planning.asp>

Colorado State Health Insurance Assistance Programs

<https://www.colorado.gov/pacific/dora/ship-locations>

Colorado Single Entry Point Agencies

<https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies>

Human Services by County

<https://sites.google.com/a/state.co.us/humanservices/home/services-by-county>

VA County Veterans Service Officers

[http://vets.dmva.state.co.us/?page\\_id=63](http://vets.dmva.state.co.us/?page_id=63)

Veterans Pension information

<http://benefits.va.gov/pension/>

VA Aid and Attendance or Housebound Benefits

<http://benefits.va.gov/benefits/>