

Who's Your Agent?® Program

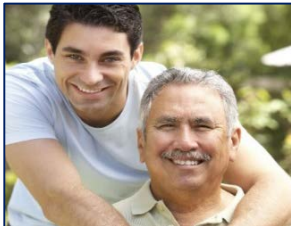
Getting Started Tool Kit

Next Steps Tool Kit

Adult and Supportive Person Tool Kit

Adult and Supportive Person Care Planning Tool Kit

Make a *Personal Care Plan* for good care today and over your lifetime.



Starting at 18 years old, you can make your own health care choices. You can choose a trusted supportive person to help you write down and show your care choices in a planning document called a ***Personal Care Plan***. You and your supportive person can share your *Personal Care Plan* with your doctors and other important people to get the kind of you want and need.

Your supportive person can be anyone you choose- a family member, a friend, a caregiver or a care professional. Your supportive person can-

- Give you information in ways you can understand so you can make care choices;
- Help you fill-in a *Personal Care Plan* using words and pictures to tell others your choices for medical care and services that are right for you;
- Talk with your doctors and care teams to get good care that honors your care choices.

This tool kit includes an easy to use **3-Step Guide** and a fill-in ***Personal Care Plan*** planning document. To get started, you and your supportive person can either:

- Print a Paper Document- print this tool kit pdf and fill-in by hand; or,
- Make a Digital Document- adapt this tool kit pdf using your computer to type in text and copy and paste in pictures to show your care preferences.

Read more at www.honoringchoicesmass.com/adult-supportive-person-tool-kit/

Instructions: Make a *Personal Care Plan*

You and your supportive person can follow the **3-Step Guide** and fill-in the ***Personal Care Plan*** included in this tool kit. First, choose a way to complete your care plan that is best for you-

- Print a Paper Document - print this tool kit pdf and fill-in by hand; or,
- Make a Digital Document - adapt this tool kit pdf using your computer or electronic device to type in text and copy and paste in pictures to show your care preferences. *

Review the 3-Step Guide

Start by reviewing the 3-Step Guide. Each step includes a checklist to suggest ways your supportive person can help you. You can add your own ideas and make changes anytime.



Step 1. Get health care information to make care choices.

A supportive person can give you information in ways you can understand so you can make care choices that are right for you.



Step 2. Write down and show your care choices in planning documents.

A supportive person can help you fill-in a *Personal Care Plan* to tell others your likes and dislikes and how you want to be cared for, and explore other planning documents.



Step 3. Talk with your doctors and care teams to get good care every day.

A supportive person can help you share your *Personal Care Plan* with your doctors and care teams to get care and services that match your choices and preferences.

Fill-in the *Personal Care Plan*

When you are ready, start to complete the *Personal Care Plan (care plan)* document. Go at your own pace. The care plan includes the following pages:

- *My Name and Name of My Supportive Person(s);*
- *My Personal Directive* with six sections to show your choices and personal preferences;
- *My Planning Documents* checklist and *Signature*;
- *My Summary & Updates.*

Your care plan belongs to you. You can include any information and documents you like and -

- Share it with your family, doctors care teams and others to get good care;
- Change your mind and update your plan as your health situation changes;
- Attach completed documents (see *Step 2*) to protect your right to get the care you want.

*To make a digital document, see *Adult and Supportive Person Tool Kit webpage*, www.honoringchoicesmass.com



3-Step Guide

Step 1. Get health care information to make care choices.

In Step 1, you and your supportive person can talk with your doctors and care team members to understand your health situation and learn about your options for medical care and services. It is important to have clear information in order to make choices for care and services that are right for you. If you do not need information at this time, fill out the checklist below and go to Step 2. You can revisit Step 1 anytime as your health condition and care preferences change.

Step 1 Checklist. Check the boxes to choose ways your supportive person can help you. Add your own ideas below. You can make changes anytime.

I'd like my supportive person to-

- ☐ Give me information about my health situation in ways I can understand
- ☐ Tell me the good things and hard things about my options for medical care and services
- ☐ Understand the kind of care I want and tell others what is most important to me
- ☐ Help me ask questions to better understand information
- ☐ Help me make medical and personal care decisions
- ☐ Tell others the things I want to do and do not want to do
- ☐ Go with me to a medical or therapy appointment or care team meeting

Other ways my supportive person can help me:



3-Step Guide

Step 2. Write down and show your care choices in planning documents.

In Step 2, you and your supportive person can start to complete your *Personal Care Plan*. Your care plan includes a *Personal Directive* document which has six sections to record your likes and dislikes and the kind of care you want and need. You can explore other planning documents now and as your health situation changes. For more information, download and print the multi-lingual documents and fact sheets below at www.honoringchoicesmass/resources.com

Step 2 Checklist. Check the boxes of the documents to explore with your supportive person.

I'd like my supportive person to help me explore or complete:

- ☐ A **Personal Directive** document, included in the *Personal Care Plan* (available in 5 languages);

A Personal Directive is a personal document, not a legal document. You tell others what is most important to you and give instructions for the kind of care you want and need.

- ☐ A **HIPAA form**

A Health Insurance Portability and Accountability Act or HIPAA form lets your supportive person see your medical information and talk with your doctors about your care.

- ☐ A **Health Care Proxy** document (available in 16 languages)

A Health Care Proxy is a legal document where a competent adult chooses a trusted person as a Health Care Agent to make medical decisions when the adult is not able.

- ☐ A **Durable Power of Attorney** (fact sheet)

A Durable Power of Attorney is a legal document where you choose a trusted person to be your financial decision-maker and help safeguard your money and property.

- ☐ **Medical Orders** for Adults with Serious Illness and Advancing Frailty (fact sheet & sample)

Adults with a serious life limiting illness or advancing frailty can talk with their clinician to make choices about life-sustaining treatments and end of life care. Your clinician will record your treatment choices in a **MOLST**, Medical Orders for Life Sustaining Treatment form or **CC/DNR**, Comfort Care/Do Not Resuscitate Order. Your supportive person can help you comply with state and court regulations to complete documents.



3-Step Guide

Step 3. Talk with your doctors and care teams to get good care every day.

In Step 3, you and your supportive person can share your *Personal Care Plan* with your doctors, care teams and other important people to get care and services that match your choices and personal preferences. Update your care plan as your health condition and preferences change.

Step 3 Checklist. Check the boxes to choose ways your supportive person can help you. Add your own ideas below. You can make changes anytime.

I'd like my supportive person to help me get the best possible care when I need it-

- ☐ Go with me to a medical or therapy visit, a care team meeting or hospital stay
- ☐ Help me ask questions to understand my health situation and options for care
- ☐ Tell others the things I want to do and do not want to do
- ☐ Help me arrange for needed care, services and professional help
- ☐ Ask my doctors and care team to put my planning documents in my medical record
- ☐ See my *Step 1 Checklist*

If my health situation worsens or I am diagnosed with a serious advancing illness

- ☐ Give me information in a way I can understand about my changing health situation
- ☐ Explain the good things and hard things about my options for treatments and services
- ☐ Understand what is most important to me, my biggest worry, and the care I want*
- ☐ Help me make medical care or personal care decisions
- ☐ Update and add my planning documents to my care plan (see *Step 2*)
- ☐ Ask for a palliative care consult to help reduce pain and symptoms of a serious illness
- ☐ Help me be comfortable and explore hospice care when I reach the end of my life

Other ways my supportive person can help: (use the back page or add a page if needed)

*To help adults explore goals, priorities and choices, see *Honoring Choices MA Conversation Guides* and *What Matters to Me Workbook*, The Conversation Project and Ariadne Labs. www.honoringchoicesmass/resources.com

Personal Care Plan

My Name and Name of My Supportive Person(s)

This is my *Personal Care Plan*. My care plan tells others my likes and dislikes and the kind of care I want and need. I ask my family, friends, caregivers, doctors and everyone involved in my daily care to honor my care choices and preferences. My supportive person(s) helped me complete this care plan and will assist me in getting care and services.

My name is _____

I live at _____

My supportive person's name is _____

Relationship and Contact Information: _____

You can choose more than one supportive person to help you with personal tasks. List their information below and how you want the supportive person to help you.

Supportive person's name _____

Relationship, Contact Information and Role: _____

Supportive person's name _____

Relationship, Contact Information and Role: _____

My Personal Directive

*Your Personal Directive is a planning document that tells others what is most important to you and gives instructions for the kind of care you want. You and your supportive person can explore the **six sections** below and write in or show your choices and preferences using words and pictures in the space provided. Go at your own pace and add pages as needed.*

1. Here is what I want others to know about the things I like

Supportive person: For example, explore personal preferences for daily living (food, clothing, social activities, living environment, routines), and special or important things (music, art, hobbies, technology) that help the adult feel happy, safe and comfortable. Add words and pictures in the space below. Note any accommodations and needed supports.

Notes: _____

My Personal Directive2. Here is what I want others to know about things I do not like

Supportive person: For example, explore personal preferences of things to avoid regarding daily living (food, clothing, social situations, living environment), and things the adult does not like to do, is unable or is hard to do, or makes the adult feel worried, unhappy, uncomfortable or unsafe. Add words and pictures in the space below. Note accommodations and supports.

Notes: _____

My Personal Directive3. Here is the kind of medical care and services I want to receive

Supportive person: For example, explore personal preferences for a medical or therapy visit or hospital stay regarding a physical exam; consider environmental choices (sensory needs, gowns or clothes, exam table or chair, etc.), medications, injections, preferred professionals; note things that reduce stress and help the adult feel comfortable, safe and cared for. Add words and pictures in the space below. Note any accommodations and needed supports.

Notes: _____

My Personal Directive4. Here is the kind of medical care and services I do not want to receive

Supportive person: For example, explore personal preferences of things to avoid during a medical or therapy visit or hospital stay regarding a physical exam; consider environmental choices (sensory needs, gowns or clothes, exam table or chair), procedures, medications, injections; note things the adult is not able to do or are unwanted or painful that make the adult feel worried, unsafe or uncomfortable. Add words and pictures in the space below. Note any accommodations and needed supports.

Notes: _____

My Personal Directive

5. Here is important information to consider and personal messages for others

Supportive person: For example, explore things to consider with care choices and preferences such as family and caregiver support systems; personal values and priorities, cultural and family traditions, spiritual or religious beliefs, etc. The adult can include any personal messages to others and people to contact to help with certain tasks. Add words and pictures in the space below. Add pages as needed.

Notes: _____

My Personal Directive

6. If my health situation gets worse or I am diagnosed with a serious life-limiting illness, here are my preferences for the care I want and do not want to receive.

Supportive person: **You can start to fill in now or re-visit at a later date.** Explore regularly as health needs change to ensure the treatment and services the adult receives are in line with current goals, care choices and preferences. Review and update the 3-Step Guide Checklists. For example, explore if care preferences have changed or stayed the same; what is most important right now; when to explore a palliative care consultation to manage pain and symptoms; what does being comfortable mean to you? Add words and pictures in the space below. Note any accommodations and needed supports.

Notes: _____

My Planning Documents

You and your supportive person can check the boxes below if you have completed a planning document(s). Be sure to **attach a copy** of your completed documents to your care plan. Re-visit this checklist anytime to update and add documents. If needed, your supportive person can help you comply with state and court regulations to complete your planning documents.

- ☐ I have a Personal Directive, included in my *Personal Care Plan*
- ☐ I have a HIPAA form
- ☐ I have a Health Care Proxy. My Health Care Agent's name and phone number is:

- ☐ I have a Durable Power of Attorney. My Attorney-in-fact's name and phone number is:

- ☐ I have a MOLST form or CC/DNR form. (Circle one or both).
- ☐ I have a Guardian or Conservator. (Circle one or both). Attach decree and letters.
- ☐ Note any other person/group with decision-making authority or has a say in my care.

My Signature and Date

This is my **Personal Care Plan**. I ask my family, friends, caregivers, doctors and everyone involved in my daily care to honor my care choices and personal preferences.

My Signature or Mark _____ Date: _____

- ☐ I direct another person to sign on my behalf. If so, please print name and sign below.

Print name: _____ Signature _____

Reviewed & Updated: _____ Date: _____

Reviewed & Updated: _____ Date: _____

Reviewed & Updated: _____ Date: _____

My Summary and Updates

If you like, you and your supportive person can use this page to summarize key information from Steps 1, 2, and 3 and note your priorities from your *Personal Care Plan*. It's important to review and **update your care plan** and documents as your health needs and care preferences change over time. Add pages as needed and attach any documents you like.

Date:

Summary:

Date:

Summary:

Date:

Summary:

To download multilingual tools and fact sheets, see the *Resources* page www.honoringchoicesmass.com

Read more about this tool kit at www.honoringchoicesmass.com/adult-supportive-person-tool-kit/