Who's Your Agent?® Program

Getting Started Tool Kit | Next Steps Tool Kit

Make a Personal Care Plan

Adult and Supportive Person Care Planning Tool Kit



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 ***Personal Care Plan***. Your supportive person can be a family member, a friend, a caregiver, a care professional, or anyone you like.

Your supportive person can help:

- Give you information in ways you can understand in order to make care choices;
- Fill out a *Personal Care Plan* to show your care choices using words and pictures*;*
- Talk with your care teams to get care and services that are right for you.

Making a *Personal Care Plan* helps your doctors, care teams and other important people know the kind of care you need and want to receive, today and everyday over your lifetime.

The Adult and Supportive Person Care Planning Tool Kit includes a 3-step guide and a fill-in *Personal Care Plan.* You and your supportive person can print the tool kit and complete the paper document, or adapt the tool kit to make a digital document using a computer or any technological aids- whatever is most comfortable for you. You can use words and "copy and paste" in pictures to show your care choices and personal preferences.

To download additional resources, go to *Resources* at www.honoringchoicesmass.com

Instructions: Make Your Own Personal Care Plan

The tool kit includes a 3-step guide and fill-in *Personal Care Plan*. You and your supportive person can print the tool kit and fill out the paper document, or adapt the tool kit to make a digital document using words or "copy and paste" in pictures. * Here's how it works-

Review Steps 1, 2 and 3.

Start with Step 1 or anywhere you like. Each step has a checklist to choose ways your supportive person can help you.

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

A supportive person can give you information is a way 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 make a *Personal Care Plan* and complete planning documents that tell others your likes and dislikes and how you want to be cared for.

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 care teams to get the kind of care you need and want today and over your lifetime.

Fill out the Personal Care Plan

The *Personal Care Plan* document is included in this tool kit after Step 3. It has six fill-in sections and a checklist of your completed planning documents. You can go at your own pace.

The *Personal Care Plan* includes the following:

- *Personal Care Plan: My Name and Supportive Person*(s) Name;
- *My Personal Directive* with six sections to show your choices with words and pictures;
- *My Planning Documents* checklist and *Signature*;
- *My Summary & Update.*

Your *Personal Care Plan* belongs to you!

- Share your plan with important people to get good care every day.
- Change your mind and update your plan as your health situation changes.
- Attach your planning documents to protect your right to get the care you want.

* See Instructions on the *Adult and Supportive Person Care Planning Tool Kit* webpage.

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 your options for medical care and needed services. It's important to have clear information so you can make choices that are right for you. If you do not need information right now, review the checklist below with your supportive person and go to Step 2. You can revisit Step 1 anytime you need information as your health situation changes.

Here's a checklist for you and your supportive person. 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 medical care and services
- ☐ Understand the kind of care I want and tell others what's important to me
- ☐ Help me ask questions to 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 a care team meeting

Other ways my supportive person can help:

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

In Step 2, you and your supportive person can make your *Personal Care Plan.* A good place to start is with a planning document called a *Personal Directive (Living Will*) to write down and show your care choices and personal preferences. You can consider other planning documents now and as your health situation changes. Be sure to attach completed documents to your *Personal Care Plan* to help protect your right to get the care you want.

Here's a checklist for you and your supportive person. Check the boxes of the documents you want to complete or explore. You can add documents to your care plan overtime.

I'd like my supportive person to help me:

☐ Complete a Personal Directive document (included in this tool kit)

A Personal Directive is a personal document, not a legal document. It tells your care team and other important people about the kind of care you need and want to receive.

☐ Complete 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.

☐ Explore a Health Care Proxy document

A Health Care Proxy is a legal document that a competent adult can use to choose a trusted Health Care Agent and complete a Health Care Proxy.

☐ Explore a Durable Power of Attorney document

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

☐ Consider Medical Orders for Adults with a Serious Illness or Advancing Frailty

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 or **CC/DNR**, Comfort Care/Do Not Resuscitate Order. If needed, your supportive person can help you comply with any state and court regulations.

Step 3. Talk with your doctors and care teams to get good care today and everyday over your lifetime.

In Step 3, you and your supportive person can talk with your doctors and care teams to share your *Personal Care Plan,* and get care and services that match your care choices and personal preferences. You can change and update your care plan as your health situation changes.

Here's a checklist for you and your supportive person. 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 and services everyday

- ☐ 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 choices for care
- ☐ Tell others the things I want to do and do not want to do
- ☐ Assist me in arranging for needed care, services and professional help
- ☐ Ask my doctors and care team to put my planning documents in my medical record

Help me 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 medical treatments and services
- ☐ Understand what's most important to me, my biggest worry, and the care I want*
- ☐ Help me make medical care or personal care decisions
- ☐ Update and add 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: (add a page or use the back of the page if needed)

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

Personal Care Plan

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 preferences. My Personal Care Plan tells others my likes and dislikes and the kind of care I need and want to receive. My supportive person(s) helped me complete this 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 if you like to help you with personal tasks. List their information below and note how each person can help.

My supportive person's name _____

Relationship, Contact Information and Role: _____

_____

My supportive person's name _____

Relationship, Contact Information and Role: _____

_____

My Personal Directive

This document helps you and your supportive person write down and show your health care choices and preferences. There are six sections with examples for the supportive person to help you explore preferences. Use words and pictures in the space below and add pages as needed.

1. Here is what I want others to know about me: things that I like

Supportive person: For example, explore personal preferences for daily life (food, clothing, social activities, living environment, routines), and special 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 or needed supports.

Notes: _____

_____

My Personal Directive

2. Here is what I want others to know about me: things that 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 Directive

3. Here is the kind of medical care and services I want to receive

Supportive person: For example, explore personal preferences for a medical/therapy visit or hospital stay regarding a physical exam, 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 or needed supports.

Notes: _____

_____

My Personal Directive

4. 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/therapy visit or hospital stay regarding a physical exam, 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 or needed supports.

Notes: _____

_____

My Personal Directive

5. 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: As health needs change, review Steps 1, 2 and 3 to gain information about the adult's changing situation and how you can help. Explore current care preferences and priorities such as - how have your care preferences changed or stayed the same; what is most important to you; what are your biggest worries; what medical treatments are right for you; what treatments do you want to avoid; what does being comfortable mean to you? Add words and pictures in the space below. Note any accommodations and needed supports.

Notes: _____

_____

My Personal Directive

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

Supportive person: For example, explore things to consider such as family and caregiver support systems; personal values, cultural and family traditions, spiritual or religious beliefs, etc. The adult can include personal messages to others and people to contact to help with certain tasks (i.e. take care of animals, financial or personal affairs).

Notes: _____

_____

My Planning Documents

Check the box if you have completed the planning document(s) below, and **attach a copy to your *Personal Care Plan.*** Your attached documents help protect your right to get the care you want. Revisit this checklist and add or update documents. Your supportive person can help you comply with any state and court regulations regarding your documents if needed.

- ☐ I have a Personal Directive (Living Will).
- ☐ 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)
- ☐ I have a Guardian or Conservator. (Circle one or both). Attach decree and letters.
- ☐ Others with decision-making authority or who have a say in my documents.

_____

_____

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 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

You and your supportive person can use this page if you like to summarize key information from Steps 1, 2, and 3 and note priorities in your *Personal Care Plan.* You can review and update your care plan and documents as your health care needs changes.

Date:

Summary:

Date:

Summary:

Date:

Summary:

For more information and downloadable tools, visit our website at www.honoringchoicesmass.com