

Montana Caregiving Session 3

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CaringInfo

A program of the National Hospice
and Palliative Care Organization

[CaringInfo.org](https://www.CaringInfo.org)

How Do You Know What Kind of Treatments You Want or Don't Want?

- If you have a specific disease or condition, learn as much as you can about it. Speak with your doctor and other healthcare providers, consult trustworthy websites such as WebMD and MayoClinic or the website of your own institution. The more you know, the better you will understand what treatments are likely, their benefits and risks, and how they fit into your values and view of life. Most of us don't really know what resuscitation for example looks and feels like. There are resources available to explain these and other terms to you:
- [The Coalition for Compassionate Care of California](#) has developed videos and decision aids in English, Spanish, Chinese and Vietnamese describing various treatments (scroll to the thumbnails at the bottom of the page).
- Fair Health Consumer [offers decision aids](#) as well as information on [costs of care](#).

What happens if you do not have an Advance Directive in Montana and are unable to speak for yourself?

- The healthcare provider is to notify “interested persons.”
- “Interested persons” who are informed of the patient’s incapacity are to make reasonable efforts to reach consensus. A proxy decision-maker should be someone with a close relationship and “likely to be currently informed of the patient’s wishes regarding medical treatment decisions.”
- Interested persons are a spouse, parent, adult child, sibling or grandchild, or close friend.
- if a healthcare provider cannot, after reasonable efforts, locate a person with authority to make medical decisions or to serve as a lay decisionmaker, the healthcare provider can designate a medical proxy decisionmaker.
- *MT Code §§50-5-1302 and 1303*

An AD is not a medical order

Healthcare providers are held to a reasonably strict duty to follow AD's if the patient becomes incapacitated but if the following are present, the AD may not be followed.

- The directive sets forth decisions that go against the conscience of the doctor or individual medical services provider,
- The directive sets a policy that goes against the policies of the hospital or other medical institution based on reasons of conscience, or
- The directive includes decisions that would result in ineffective healthcare or asks healthcare providers to adopt healthcare standards that violate those of the provider, hospital or other medical institution.

The provider does have to notify the patient or their agent so that alternatives may be pursued

53% of Medicare patients are treated by Catholic healthcare systems in MT. 60% of rural hospitals are part of Catholic healthcare systems. www.chusa.org

Other Advance Directive Facts

The Patient Self-Determination Act (1990) requires all healthcare agencies (hospitals, long-term care facilities, and home health agencies) receiving Medicare and Medicaid reimbursement to ask whether you have an advance directive.

There are disease-specific AD's

Psychiatric:

<https://nrc-pad.org/>

<https://nrc-pad.org/states/montana-faq/>

https://nrc-pad.org/images/stories/PDFs/montana_hcpaform.pdf

Dementia:

<https://dementia-directive.org/>

Montana's End-of-Life Registry

The Montana End-of-Life Registry is your state's advance directive registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.endoflife.mt.gov> .

Healthcare Power of Attorney

- Healthcare
 - Critical to get information under HIPAA
 - Critical for dealing with distant entities—e.g., insurance companies
- Durable vs Springing
 - Springing adds a step—principal must be judged to be unable to handle own affairs/make good decisions
 - Decision could in theory be made at bedside but often requires a written letter from an MD (or perhaps APRN or PA in MT?)
 - Can be conflict of interest when the agent is part of that decision
 - On the other hand the agent may know the principal the best

Financial Power of Attorney

- Separate from healthcare POA
- Also durable or springing
- Available free from various sources including MT dhhs
- Eforms has several different POA's for MT
- Must be notarized
- Ends at death of principal
- Keep copies (paper and digital) of all pages
- Will need to notify relevant entities
- Even with a financial POA, expect challenges

Financial Caregiving

- No formal definition
 - Includes paying bills, monitoring bank accounts, managing trusts, filing taxes, dealing with insurance companies (overlap with healthcare POA)
- Ninety percent of caregivers act as financial caregivers
- Two years after starting to receive general care, more than 50% of recipients need help with finances
- Very important to talk with person and understand their wishes
- Super important if person is starting to show signs of cognitive impairment—need to get POA while still competent
- Also get input from other interested parties—usually family members

Tasks of Financial Caregiving

- Make a list of all expenses and debts
- Document all incomes
- Create a budget
- Make an inventory of accounts, insurance policies, credit care, website user ID's and passwords
- Get access to accounts
- Simplify and automate
- Limit risk
- KEEP RECORDS
- Don't forget about taxes
- KEEP FINANCES SEPARATE
- READ BEFORE SIGNING

Questions?

- <https://www.caregiver.org/resource/caregiver-statistics-demographics/>

