Honoring Choices®
MASSACHUSETTS
Your Health Care. Your Choice!



Become a Health Care Planning Ambassador

Confidently engage adults in care planning conversations.

Rights of Adults, Health Care Planning Process and Documents, Guardianship, Conservatorship and Alternatives

Updated: November 10, 2025
Community Transition Liaison Program and
all AGE Interprofessional Care Teams Members

Agenda

- Honoring Choices MA and Statewide Partner Network
- Role of a Health Care Planning Ambassador
- MA Law: 5 Rights, Capacity and Decision-Makers
- *Who's Your Agent?®* a structured health care planning process & tools-
  - Getting Started Tool Kit
  - Next Steps Tool Kit
  - Adult and Supportive Person Tool Kit
- Introduction to Guardianship, Conservatorship and Alternatives
- Resources and Ambassador Certificate

Note: This informational webinar is based on Massachusetts (MA) Law. It is appropriate for MA care professionals assisting MA residents only. The Ambassador Certificate is not available to care professionals not serving MA residents.

Honoring Choices®
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Your Health Care. Your Choice!

Your Health Care. Your Choice.

Make a health care plan to get the best possible care today and over your lifetime.

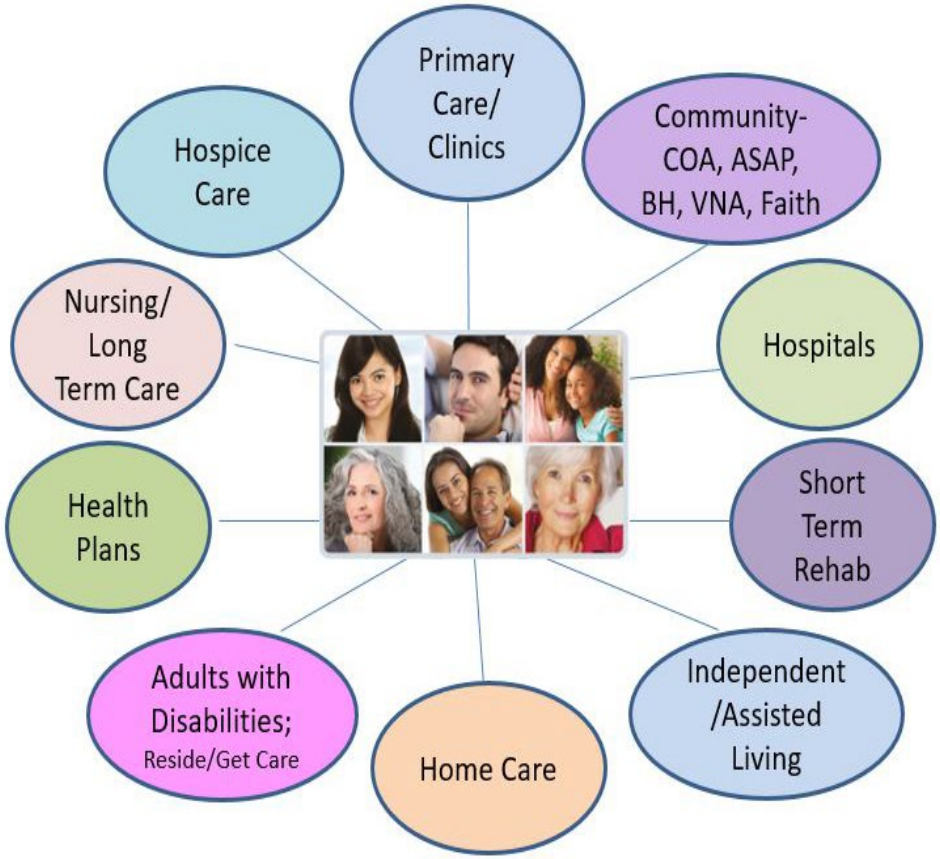
Honoring Choices MA Website - **www.honoringchoicesmass.com**

Honoring Choices MA (HCM) Statewide Partner Network

Shared mission: Equal access to health care planning

HCM Partners Across the Care Continuum

Statewide Partner: Executive Office of Aging & Independence



- Standardize process & tools
- 3.5 million conversations
- Provide/connect adults to care

  Consumer webinars
- Staff/professional trainings
- Align policies & programs for

  timely, equitable care.

7000+ Health Care Planning Ambassadors and growing!

All health care and community professionals can become Health Care Planning Ambassadors.

<u>Ambassadors can confidently help adults-</u>

- engage simple planning conversations
- make a personal care plan
- safeguard rights and independence
- provide/connect to care in their community

MA Law: 5 Rights of Every Adult

18 years old and older

1. Get information to make informed choices
    - Informed Choice - provide information in the manner a person can understand in order to make meaningful choices.
2. Accept and to Refuse Medical Treatments
3. Choose a Health Care Agent in a Health Care Proxy
4. Write down or communicate care choices in planning documents.
5. Receive care that honors care choices and preferences.

Check with your organization or group regarding policy and procedure.

Capacity and Decision Making

Every adult is presumed competent unless the court determines incapacity.

Capacity to make health care decisions (MGL 201D, Sec 1, Definitions)

- the ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and to reach an informed decision.

- **Adults keep their right to make decisions where they are able**
  - Adults may have the ability to make some or all informed decisions.
  - Capacity is not defined by a medical diagnosis (i.e. Dementia; ID/DD).

- **Incapacity or inability to make health care decisions** is determined by an attending physician in writing in the adult's medical record (MGL 201D, Sec 6)
  - Re-assess capacity: what decision making skills does the adult retain or has regained?

Check with your organization or group regarding policy and procedure

Decision Makers with Legal Authority

Transferring your rights

Adult

Adult makes any and all health care and personal decisions.

Health Care Agent in Health Care Proxy (HCP)

Adult transfers the authority to make any and all health decisions.

Avoid Guardianship

Attorney-in Fact in Durable Power of Attorney (DPOA)

Adult transfers the authority to make any or all financial decisions.

Avoid Conservatorship

Guardian
No HCP and incapacity-

Court can appoint a Guardian to make ordinary heath and personal decisions.

First, consider ALTERNATIVES

Conservator
No DPOA and disability or incapacity

Court can appoint a Conservator to make money, property and financial decisions.

First, consider ALTERNATIVES

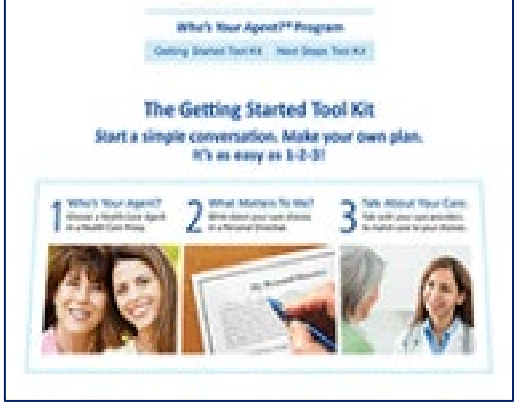
Honoring Choices MA
Who's Your Agent?® Program

Structured approach to health care planning.

Consumers & care professionals share reliable information and tools.

Start with the Step by Step Planning Process

Use Our Free Getting Started Tool Kit

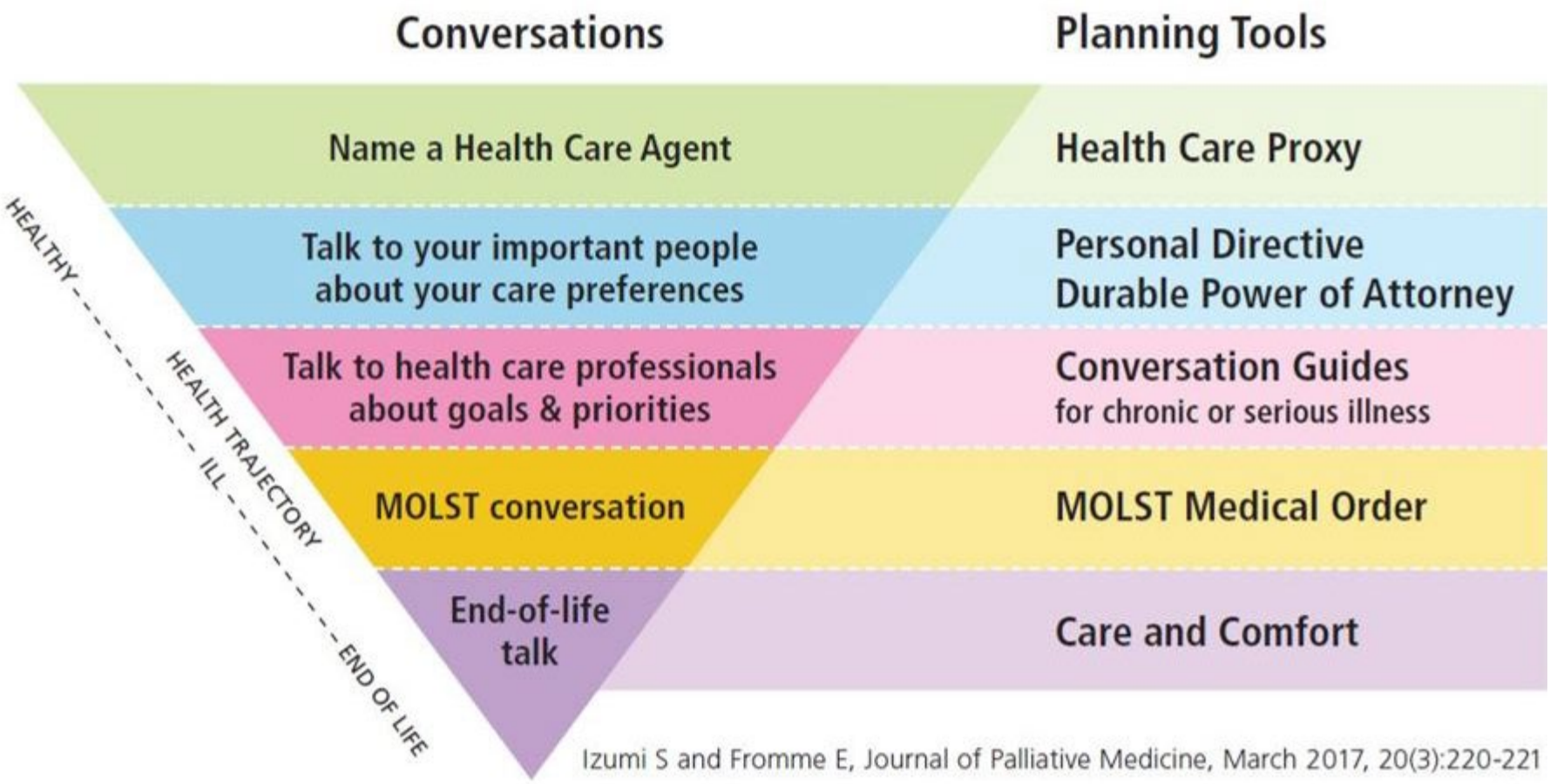


Personalize and Update Your Plan Over Time

Health Care Planning Process – A Roadmap for Good Care

Start a simple to serious illness conversation with accompanying planning tools from Honoring Choices and Ariadne Labs Serious Illness Conversation Guide.

See video on Resources page.



Izumi S and Fromme E, Journal of Palliative Medicine, March 2017, 20(3):220-221

Ambassadors start the process with a simple conversation.

Who's Your Agent?® Program
Tool Kits



Getting Started Tool Kit

Everyone can start with a simple conversation to complete a **Health Care Proxy and Personal Directive**.

Next Steps Tool Kit

Build on conversations and add documents to manage chronic illness and live well with serious illness.

Who's Your Agent?® Program

Getting Started & *Next Steps Tool Kits* include the 5 MA Planning Documents
All documents are voluntary- it's the person's choice to complete.

GETTING STARTED TOOL KIT Simple Conversation	 Health Care Proxy Legal	 Personal Directive (Living Will) Personal
NEXT STEPS TOOL KIT	 Durable Power of Attorney Legal	 Comfort Care/ Do Not Resuscitate Medical Order
		 Medical Orders for Life Sustaining Treatment Medical Order

Ambassadors start a simple conversation using the

Getting Started Tool Kit

It's as easy as 1-2-3!

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1 Who's Your Agent?

Choose a Health Care Agent in a Health Care Proxy.

2 What Matters To Me?

Write down your care choices in a Personal Directive.

3 Talk About Your Care.

Talk with your care providers to match care to your choices.

Getting Started Tool Kit

Step 1 - Who's Your Agent?

Choose a person you trust to be your Health Care Agent.

Not able to choose an Agent? That's OK.
Start with **Step 2. Personal Directive**

Talk with your Agent about the care you want.

Appoint or write your Health Care Agent's name in a Health Care Proxy (HCP) document.

A Heath Care Proxy can avoid Guardianship

Step 1

Who's Your Agent?

MA law makes it easy to choose a Health Care Agent and complete a Health Care Proxy. See video.

The person you choose is called your **Health Care Agent.**

The legal document is called your **Health Care Proxy.**

MA LAW- A spouse, family members, caregivers **do NOT** automatically have legal authority unless appointed in a legal document or by the court.

Step 1

Who can be an Agent?

Your Agent can be

Any adult you trust.




But not

A person who works at a place where you are a patient, unless that person is related to you.


Step 1

What does an Health Care Agent do?

"Your Agent makes decisions you want, not what your Agent wants."

*An Agent **steps in** when:*

- The person is unable to make or communicate health care decisions
- Agent talks with the clinicians-
  - Care goals, priorities, preferences
  - Illness & treatment options
  - Medical records & tests
- Agent makes decisions based on the adult's care preferences.

*An Agent **steps back** when:*

- The person is able to make some or all decisions.

An Adult can override an Agent

An adult can override Agent's decisions unless the court determines incapacity. (MGL c. 201D, Sec 6.)

Step 1

Ambassadors start a simple 2-3 minute conversation.

"If you get sick and cannot make health care decisions yourself –even for a short time while you recover- who would you choose as your Health Care Agent, a person you trust to make decisions for you?"

- ***Want to complete a Health Care Proxy?***
  - *Offer the Health Care Proxy (16 languages).*
- ***Already have a Health Care Proxy*?**
  - Check it's signed, dated, two witnesses; in the EMR?
- ***Not able to choose a Health Care Agent? That's OK.***
  - Start with a Personal Directive (Living Will)

Honoring Choices
MA Health Care Proxy

Download, free documents:

- **English**
- **Spanish** -Español
- **Portuguese** - Português
- **Vietnamese** - Tiếng Việt
- **Russian** - Русский
- **Chinese, Traditional** 繁體中文
- **Chinese, Simplified** 简体中文
- **Arabic** – عربي
- **Khmer** - ភាសាខ្មែរ
- **Albanian** – Shqip
- **Haitian Creole** - Kreyòl Ayisyen
- **Swahili** -Kiswahili
- **Nepali** - नेपाली
- **Tagalog** –Tagalog
- **Polish** – Polski
- **Cape Verdean Creole** - Kabuverdianu

Massachusetts Health Care Proxy

1. I, _____ Address: _____,
appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

2. My Health Care Agent is:

Name: _____ Address: _____
Phone(s): _____; _____; _____

3. My Alternate Health Care Agent
If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: _____ Address: _____
Phone(s): _____; _____; _____

4. My Health Care Agent's Authority

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

_____

_____.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

5. Signature and Date. I sign my name and date this Health Care Proxy in the presence of two witnesses.

SIGNED _____ **DATE** _____

6. Witness Statement and Signature
We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

Witness One		***Witness Two***	
Signed:	_____	Signed:	_____
Print Name:	_____	Print Name:	_____
Date:	_____	Date:	_____

7. Health Care Agent Statement (Optional):
We have read this document carefully and accept the appointment.

Health Care Agent _____ Date _____
Alternate Health Care Agent _____ Date _____

Honoring Choices MA Health Care Proxy

You can fill it out yourself. You need **two people** to act as witnesses.

Massachusetts Health Care Proxy

1. I, _____ Address: _____,

appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

2. My Health Care Agent is:

Name: _____ Address: _____

Phone(s): _____; _____; _____

3. My Alternate Health Care Agent

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: _____ Address: _____

Phone(s): _____; _____; _____

Honoring Choices MA Health Care Proxy

Your two witnesses **CAN NOT** be your Health Care Agent or Alternate Agent.

4. My Health Care Agent's Authority

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

_____

_____.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

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We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

Witness One		***Witness Two***	
Signed:	_____	Signed:	_____
Print Name:	_____	Print Name:	_____
Date:	_____	Date:	_____

7. Health Care Agent Statement (Optional):

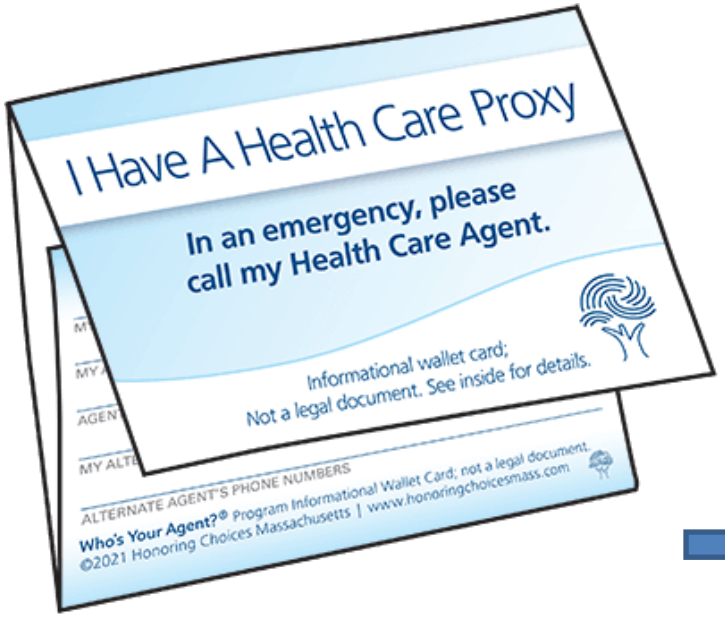
We have read this document carefully and accept the appointment.

Health Care Agent _____ Date _____

Alternate Health Care Agent _____ Date _____

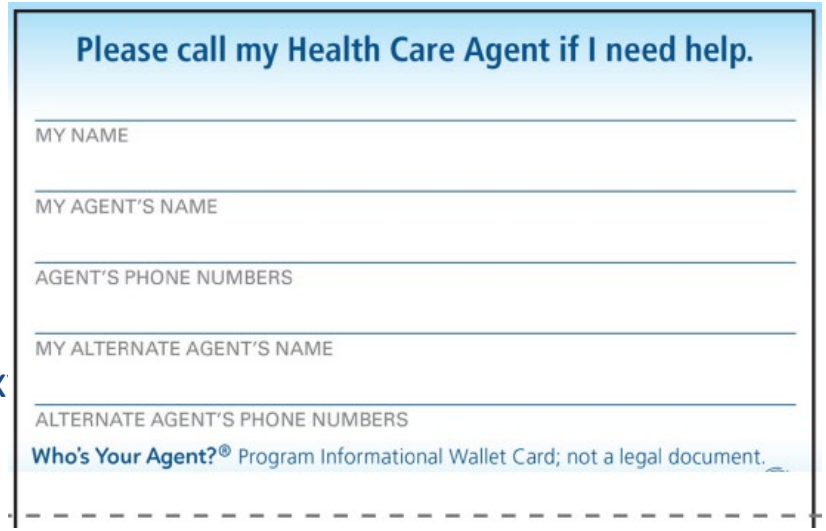
"I Have a Health Care Proxy" Wallet Card

Helps medical personnel call your Health Care Agent



"I Have a Health Care Proxy.

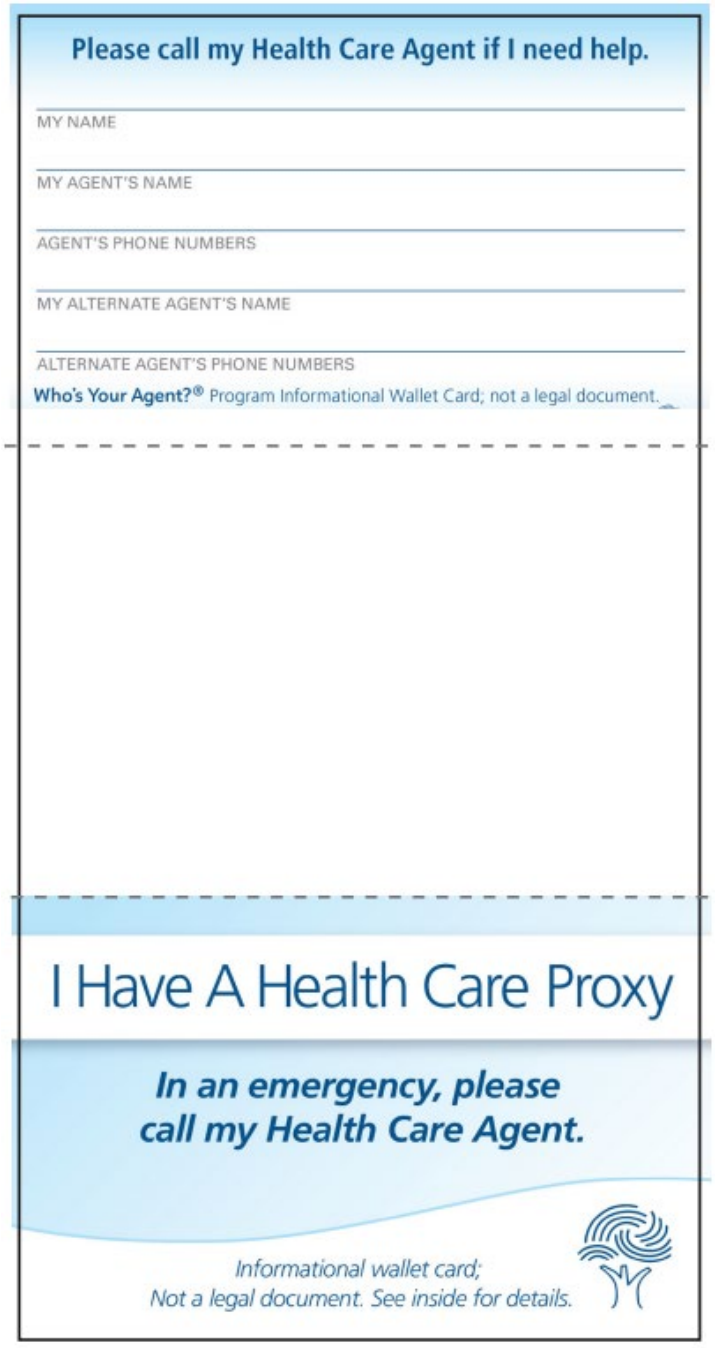
In an emergency, please all my Health Care Agent!"

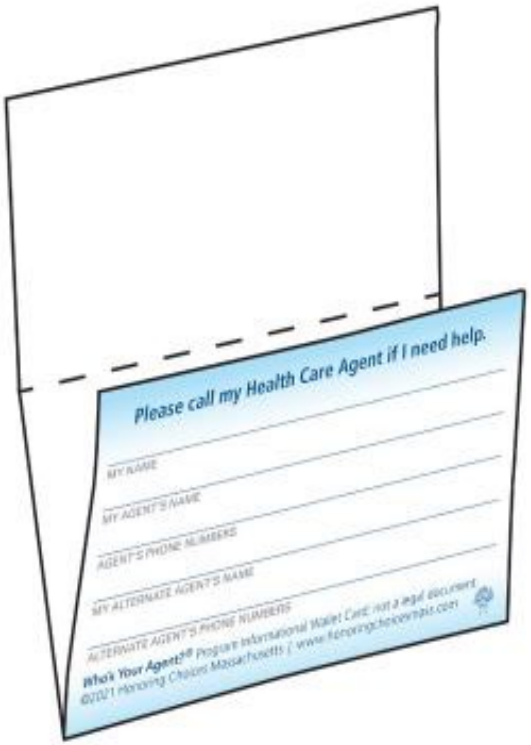


- **Write in Name & Phone Numbers**
- For Information ONLY
- Must have a valid Health Care Prox
- Available in 6 languages

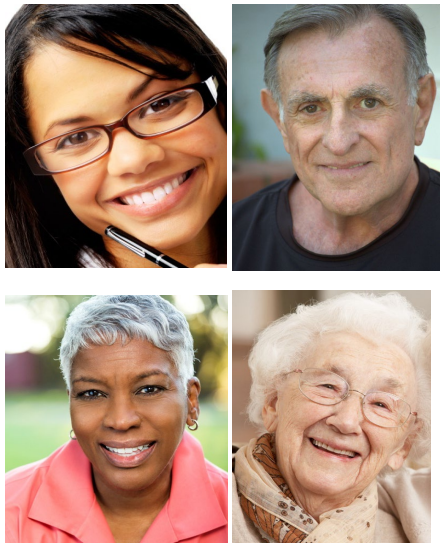
Make a Wallet Card

- **Print rectangle** on a sheet of paper
- **Cut out** the rectangle
- **Fold** on dotted lines
- **Write in** names & phone numbers
- **Put** in your wallet





What if you are not able to choose a Health Care Agent?

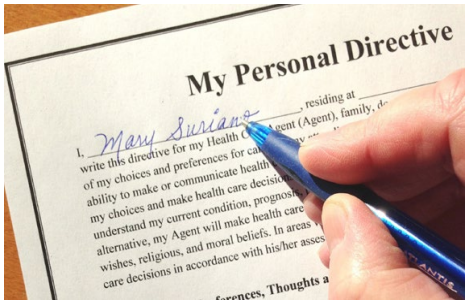


"No Agent? That's OK. Start with a Personal Directive."

"The most important thing is that we know your choices for care in a medical emergency. You can write down your care choices in a Personal Directive and share it with your doctors."

Consider starting with a Personal Directive when-

- Adult has no one available to appoint as an Agent;
- Adult has limits to decision-making ability; cannot complete a Health Care Proxy;
- Adult & family (i.e. multi-cultural) prefer to start with a conversation.



Getting Started Tool Kit

Step 2 - What Matters to Me?

- Give your Agent instructions about your care
- No Agent? Start with the Personal Directive

Think about what's important to you

- Your values, beliefs, and concerns
- The care you want, and do not want

Talk with your Agent, family or people who support you

- Say what's important to you
- Give instructions for your care

Write down your instructions in a Personal Directive (PD)

- Give a copy to your Health Care Agent and health care provider.
- No Agent? Share with your health care provider.

Honoring Choices Personal Directive (Living Will) Page 1

- In MA- it's a personal document, not a legal document.
- It's like a personal letter to others.
- Write down what's important to you and your instructions for care.

Personal Directive

I, _____, residing at _____, write this directive for my Health Care Agent (Agent), family, friends, doctors and care providers to inform you of my choices and preferences for care.

☐ I have chosen a Health Care Agent in a Health Care Proxy. My Agent's Name & Contact Information is:

_____

☐ I have not chosen a Health Care Agent in a Health Care Proxy.

I. My Personal Preferences, Thoughts and Beliefs

1. Here's what is most important to me, and the things that make my life worth living:

_____

_____

2. If I become ill or injured and I am expected to recover, possibly to a lesser degree, here's how I define having a good quality of life. I'd like to be able to:

_____

_____

3. Here are my personal values, my religious or spiritual beliefs, and my cultural norms and traditions to consider when making decisions about my care (list here if any):

_____

_____

4. Here's what worries me most about being ill or injured; here's what would help lessen my worry:

_____

_____

5. If I become seriously ill or injured and I am not expected to recover and regain the ability to know who I am, here are my thoughts about prolonging my life and what treatments are acceptable and not acceptable to me:

_____

_____

6. Here are my thoughts about what a peaceful death looks like to me:

_____

_____

II. People to Inform about My Choices and Preferences

Here's a list of people to inform (i.e. family, friends, clergy, attorneys, care providers) their contact information, and the role or action I'd like each to take (if any):

_____

_____

Honoring Choices Personal Directive (Living Will) Page 2

III. My Medical Care: My Choices and Treatment Preferences

A. My Current Medical Condition

Here's information about my specific medical condition. Here are my preferences for medications, clinicians, treatment facilities or other care I want or do not want (if any):

_____

_____

B. Life-Sustaining Treatments

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My choices are:
   - ☐ I do not want CPR attempted but rather, I want to allow a natural death with comfort measures;
   - ☐ I want CPR attempted unless my doctor determines any of the following: • I have an incurable illness or irreversible injury and am dying • I have no reasonable chance of survival if my heartbeat and breathing stop • I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering;
   - ☐ I want CPR attempted if my heartbeat and breathing stop;
   - ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.

_____

_____

2. Treatments to Prolong My Life

   If I reach a point where I am not expected to recover and regain the ability to know who I am, here are my choices and preferences for life-sustaining treatment:
   - ☐ I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain & comfort medicines;
   - ☐ I want all appropriate life-sustaining treatments for a short term as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
   - ☐ I want all appropriate life-sustaining treatments recommended by my doctor;
   - ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.

_____

_____

IV. Other Instructions, Information and Personal Messages

_____

_____

V. Signature and Date

I sign this Personal Directive after giving much thought to my choices and preferences for care.
I understand I can revise, review and affirm my decisions all through my life as long as I am competent.

SIGNED: _____ Date: _____

Reviewed and Reaffirmed_____ Date: _____

Getting Started Tool Kit

Step 3 - Talk About Your Care

Talk with your doctor or health care provider

"Here's how I am feeling today."

"What's ahead for me."

Share your planning documents

- Put documents in your medical record and patient portal.

Work together

- Get good care **TODAY**
- Plan for good care over your lifetime.

Consumer Conversation Guides

Guide 1- Start a Simple Conversation

Be prepared for conversations with care providers

5 Things To Talk About With Your Care Providers

To make a plan for the best possible care.

INFORMATION TO MAKE CHOICES

1. I'd like to understand more about my health or illness and treatment options:
- Here's what I know about my health or illness. Here's what I'd like to know today;
- What's ahead for me? What information would help me to plan for the future?

MY GOALS

2. I want to discuss my goals and explore the care I want and do not want:
- Given my personal values, beliefs and priorities, here's what is important to me;
- Here's what worries or concerns me.

MY PLAN

3. Let's discuss my care plan and writing down my choices in planning documents:
- What's the plan for getting me to my goals?; What are the next steps?;
- I want to choose a Health Care Agent; can you help me with a Health Care Proxy?;
- Here's a copy of my Health Care Proxy; can you place it in my medical record?

KNOW MY CHOICES

4. I'd like to make sure you know my choices and that my medical record is up-to-date:
- Let's review my current health or illness, and changes in my priorities and choices;
- I'd like to revise / add a planning document and review the documents in my record.

HONOR MY CHOICES

5. I'd like to make sure my care providers honor my choices all through my life:
- In an emergency, or if I can't speak with you, how will my choices be followed?;
- I'd like to bring in my family / Agent to talk about my plan and honoring my choices.

Care Provider Conversation Guide

Guide 1-Start a Simple Conversation on the Honoring Choices MA Website

5 Things To Talk About With Your Patients and Clients

To make a plan for the best possible care.

INFORMATION TO MAKE CHOICES

1. Let's talk about your understanding of your health or illness and treatment options:
- What's your understanding of your health or illness? What would you like to know today?;
- Let's look ahead: What information would help you to make choices and plan for the future?

YOUR GOALS

2. Let's discuss your goals and explore the care you want and do not want:
- Given your values, beliefs, and priorities, what's most important to you?;
- What worries or concerns you?

YOUR PLAN

3. Let's discuss your care plan and writing down your choices in planning documents:
- Let's talk about the plan for getting you to your goals, and the next steps;
- Did you appoint a Health Care Agent I can speak to about your care if I can't speak with you?;
- Can I place a copy of your Health Care Proxy in your medical record?

KNOW YOUR CHOICES

4. Let's be sure I know your choices and that your medical record is up-to-date:
- Let's review your prognosis and care plan; have your priorities and choices changed?;
- Do you want to revise / add a planning document, and review the documents in your record?

HONOR YOUR CHOICES

5. Let's be sure your care providers can honor your choices all through your life:
- Let's discuss what happens if you need emergency care, and who can access your medical records;
- Would you like to bring in your family / Agent to talk about your plan & honoring your choices?

Honoring Choices® MASSACHUSETTS

See more questions at My Health Care Plan, at www.honoringchoicesmass.com/connect/care-providers/

Adult and Supportive Person Care Planning Tool Kit

Adults can choose a trusted supportive person to help make a personal plan.

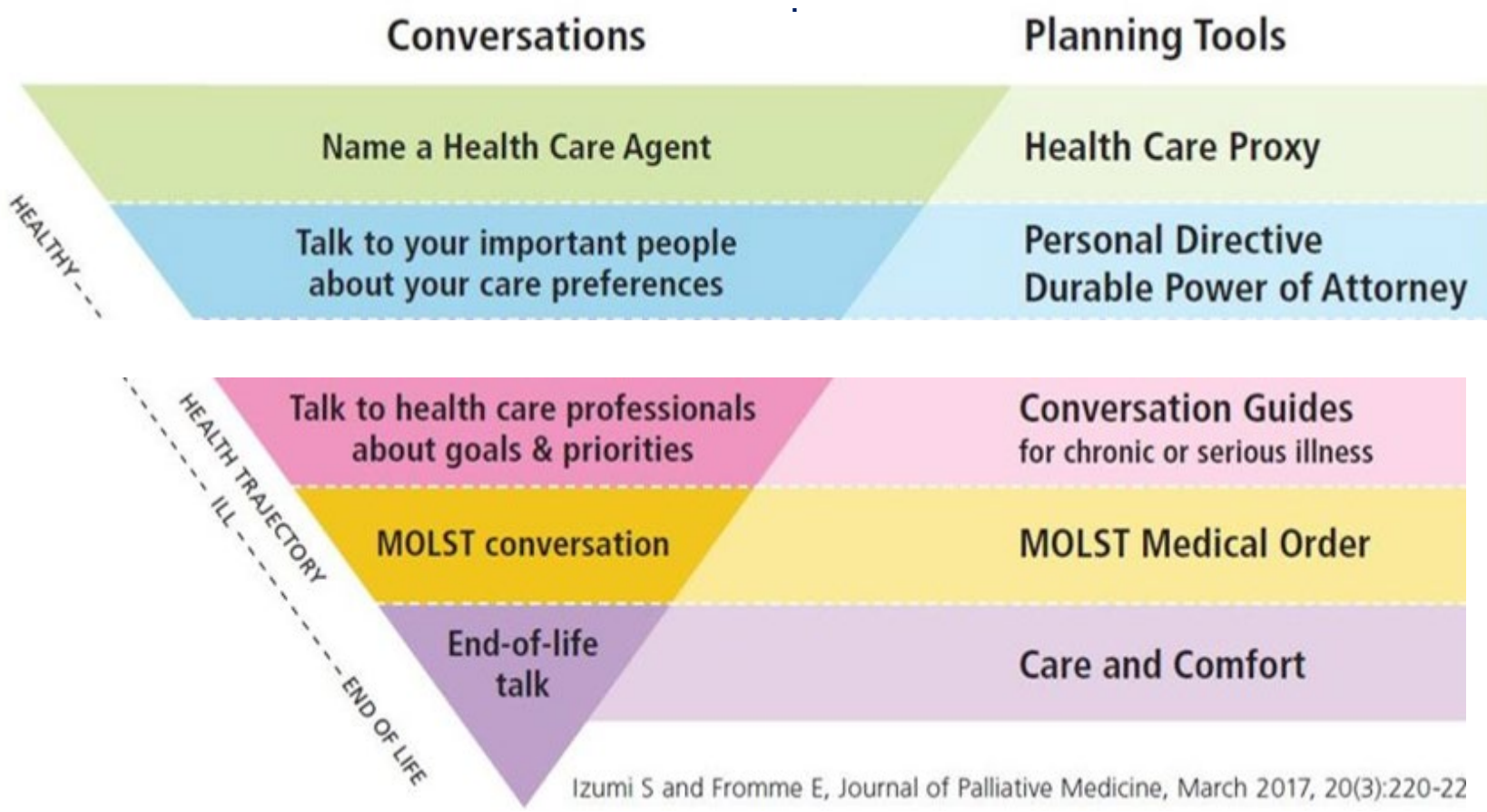


Consider this tool kit for adults with a range of abilities/disabilities, where the adult can make decisions and indicate personal preferences with the help of a supportive person.

- Tool kit includes a 3-step guide and a fill-in *Personal Care Plan*
  - Use words and pictures to show care choices and preferences
- Download a Paper Document (PDF). No computer needed OR,
- Make a Digital Document. Adapt the PDF using a computer, electronic device or technological aids. Copy & paste in pictures.

Health Care Planning Process – A Roadmap for Good Care

Flow from simple to serious illness conversations to help adults manage chronic illness and live well with serious illness.



Next Steps Tool Kit

Build on your conversations to manage chronic illness and live well with serious illness. Update & add to your plan.

Build on Your Conversations

Conversation Guide Series for Consumers and Care Providers

A series of handy conversation guides to get good care that aligns with your changing health needs and care preferences.

Care Provider Guides – For You

- **Guide 1**
  - Start a Simple Conversation
- **Guides 2**
  - Manage Health & Chronic Illness
- **Guide 3**
  - Living Well with Serious Illness
- **Guide 4**
  - Let's Talk About Palliative Care

Consumer Guides- For adults & families

- **Guide 1**
  - Start a Simple Conversation
- **Guides 2**
  - Manage Health & Chronic Illness
- **Guide 3**
  - Living Well with Serious Illness
- **Guide 4**
  - Let's Talk About Palliative Care

Update and Add Planning Documents

Health Care Proxy and Personal Directive in the *Getting Started Tool Kit*

- DPOA: Durable Power of Attorney

- MOLST: Medical Orders for Life Sustaining Treatment

- CC/DNR: Comfort Care, Do Not Resuscitate Order

Durable Power of Attorney

Choose a trusted person, Attorney-in-fact, as a financial decision-maker.

- Protect money, property, financial matters;
- Pay for needed care
- 'Durable'- can act when a person is incapacitated

Avoid Conservatorship

Honoring Choices® MASSACHUSETTS

What is a Durable Power of Attorney?

Who's Your Agent?®

1. What is a Durable Power of Attorney?

A Massachusetts Durable Power of Attorney is a legal document in which you appoint a trusted person to manage and protect your financial matters- your money, property and business affairs- if you are not able to manage your financial matters yourself. You can appoint a trusted person, called an 'Attorney-in-fact', to pay your bills, sign a contract to pay for short or long-term care, and make financial decisions on your behalf. "Durable" means your Attorney-in-fact can act even if you become incapacitated.

2. Who can complete a Durable Power of Attorney?

Every competent adult has the choice to complete a Durable Power of Attorney. An adult must be 18 years old and older; able to understand that he or she is giving another person the legal authority to manage his or her financial affairs if the adult becomes disabled or incapacitated; and under no constraint or undue influence to complete the legal document. Having a Durable of Attorney can help you avoid conservatorship if you become incapacitated and unable to make financial decisions for yourself.

3. Who can be my Attorney-in-Fact?

You can choose any adult you trust - a spouse, a family member, a friend- or a professional or business entity to serve as your Attorney-in-Fact. Your Health Care Agent, appointed in your Health Care Proxy, can also be appointed as your Attorney-in-fact.

4. How does a Durable Power of Attorney work?

You have the right to manage your money, property, and business as you like. The Durable Power of Attorney tells your Attorney-in-fact when to step in to help you (either immediately or if you become disabled or incapacitated), and lists the exact decision making authority you want to give your Attorney-in-fact to act on your behalf. Importantly, you can give your Attorney-in-fact the authority to arrange and pay for vital care if you are not able to do it yourself. At Honoring Choices MA, we consider the Durable Power of Attorney one the five MA planning documents you can include in your personal care plan.

5. What decision making authority can I give my Attorney-in-Fact?

You can give your Attorney-in-fact limited powers with authority to perform tasks, such as paying the bills, signing checks, buying or selling property, and managing your business. You can also give your Attorney-in-fact general powers with authority to manage all financial affairs on your behalf. Your Attorney-in-fact should know what's important to you in taking specific actions and making financial or business decisions.

6. Can I change my mind or cancel or revoke a Durable Power of Attorney?

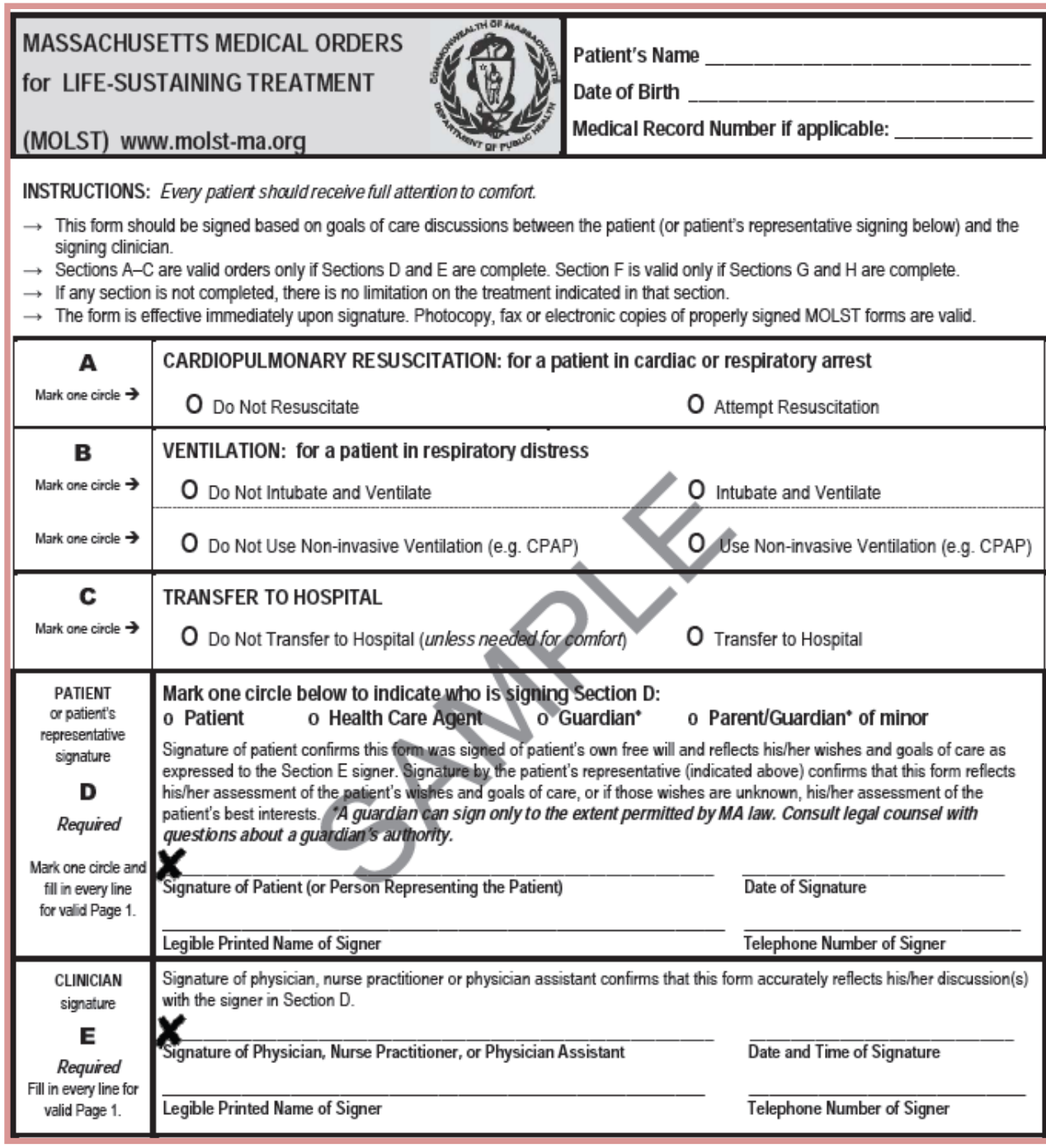
Yes. As a competent adult, you can appoint a new Attorney-in-fact, change the decision making authority, and cancel or revoke the document.

7. How do I complete a Durable Power of Attorney?

Although it is not required to have an attorney, it is generally recommended that you ask an attorney to draft a Durable Power of Attorney for you. An attorney can tailor the legal document to fit your situation and offer advice on the types of specific powers you may want to include in the document. For instance, an attorney can help you provide for your long term care and safeguard your estate though your lifetime.

Medical Orders for Life-Sustaining Treatment

- **For adults with serious illness and advanced frailty**
- All providers can give info
- MD, NP, PA can sign form
- Review prognosis, goals, patient treatment choices
- Patient choose **A-B-C**
- Clinician completes & signs
- Patient and HCP can sign; Guardian needs court authority
- All licensed providers honor
- Reassess and update



MASSACHUSETTS MEDICAL ORDERS for LIFE-SUSTAINING TREATMENT

(MOLST) www.molst-ma.org

Patient's Name _____

Date of Birth _____

Medical Record Number if applicable: _____

INSTRUCTIONS: *Every patient should receive full attention to comfort.*

→ This form should be signed based on goals of care discussions between the patient (or patient's representative signing below) and the signing clinician.
→ Sections A–C are valid orders only if Sections D and E are complete. Section F is valid only if Sections G and H are complete.
→ If any section is not completed, there is no limitation on the treatment indicated in that section.
→ The form is effective immediately upon signature. Photocopy, fax or electronic copies of properly signed MOLST forms are valid.

A — Mark one circle →

CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest

O Do Not Resuscitate O Attempt Resuscitation

B — Mark one circle →

VENTILATION: for a patient in respiratory distress

O Do Not Intubate and Ventilate O Intubate and Ventilate

Mark one circle →

O Do Not Use Non-invasive Ventilation (e.g. CPAP) O Use Non-invasive Ventilation (e.g. CPAP)

C — Mark one circle →

TRANSFER TO HOSPITAL

O Do Not Transfer to Hospital (*unless needed for comfort*) O Transfer to Hospital

PATIENT or patient's representative signature

D

Required

Mark one circle and fill in every line for valid Page 1.

Mark one circle below to indicate who is signing Section D:

o Patient o Health Care Agent o Guardian* o Parent/Guardian* of minor

Signature of patient confirms this form was signed of patient's own free will and reflects his/her wishes and goals of care as expressed to the Section E signer. Signature by the patient's representative (indicated above) confirms that this form reflects his/her assessment of the patient's wishes and goals of care, or if those wishes are unknown, his/her assessment of the patient's best interests. **A guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's authority.*

X _____ Signature of Patient (or Person Representing the Patient) _____ Date of Signature

_____ Legible Printed Name of Signer _____ Telephone Number of Signer

CLINICIAN signature

E

Required

Fill in every line for valid Page 1.

Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section D.

X _____ Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Date and Time of Signature

_____ Legible Printed Name of Signer _____ Telephone Number of Signer

SAMPLE

Guardianship, Conservatorship and Alternatives

Our *Guardianship, Conservatorship and Alternatives* webpage has information regarding-

- What is Guardianship?
- What is Conservatorship?
- Consider Alternatives & Supports: 5 Question Checklist
- Things to Know about the Process
- Resources

Guardianship and Conservatorship

Two separate legal proceedings. Very protective but also the most restrictive.
"The last resort". First, consider alternatives.

Guardianship of an adult is a

- legal proceeding where the court can
- appoint a Guardian
- to make **personal & health care decisions**
- for an adult who lacks the capacity or ability to make some or all decisions.

Conservatorship of an adult is a

- legal proceeding where the court can-
- appoint a Conservator
- to **make financial decisions about** money, property and business issues
- for an adult with a disability or incapacity to manage financial affairs

A Guardian's Role & Responsibilities

A Guardian can-

- Make ordinary personal, health care, and housing decisions, but **only where the adult is unable** to make decisions.
- Advocate for the adult's **maximum self-reliance & independence**
  - Right to make decisions and regain abilities where possible.
- A Care Plan includes the adult's priorities and care preferences.
- Meet the person's needs in the less restrictive environment.
  - See G. L. c. 190B, § 5-309.

No Guardian can not act without the Court's expressed authority to-

- Make medical decisions if there is a pre-existing health care proxy.
- Admit the adult to a nursing facility for more than 60 days.
- Consent to treatment with antipsychotic medications, removal of artificial hydration or nutrition, or sterilization, or extraordinary treatments.
- Sign a MOLST, POLST or CC/DNR.

Consider Alternatives to Guardianship and Conservatorship

Guardianship

- Health Care Proxy
- MOLST/POLST/ CC/DNR order
- Supported Decision-Making

Conservatorship

- Durable Power of Attorney
- Social Security's Representative Payment
- Veterans Administration's Fiduciary Program
- Joint Bank Accounts, ABLE Savings Plan; Trust
- Supported Decision-Making

Craft an Alterative

- Consider a holistic assessment
- **Identify what skills** are retained or re-gained
- **Use tool kits** to complete documents and write down care choices and preferences
- **Build in needed supports** accommodations and use of technology assistance.

More information on HCM Guardianship, Conservatorship and Alternatives webpage.

Things to Know about the Guardianship Process
How do I start the process?

First consider alternatives. If not appropriate-

- **Explore** the types of guardianships
  - A limited guardianship is preferred;
  - A Guardian's decision-making authority is limited to only where the adult is not able to make personal & health care decisions. Adult retains the right to make all other decisions.
- **File the required forms** with the court.
- **Schedule a hearing** where the court may decide a guardianship is necessary.
  - If so, the court issues a **decree and letters** to authorize the guardianship and describe the guardian's decision-making authority.

More information on HCM Guardianship, Conservatorship and Alternatives webpage.

Resources
Probate and Family Court's Office of Adult Guardianship and Conservatorship Oversight (OAGCO)

- **Offers free online educational modules for all!**
- List of alternatives to guardianship & conservatorship
- Information on the oversight of guardians & conservators and restoration of rights for adults.

Ombudsperson Service Program – the public can ask a question

- You can send a question by email at **OAGCO@jud.state.ma.us**
- Attend a monthly Zoom session on the third Wednesday, 12–2pm

Read more at www. https://www.mass.gov/office-of-adult-guardianship-and-conservatorship-oversight-oagco

Ambassadors start with a simple conversation

Getting Started Tool Kit

It's as easy as 1-2-3!

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1 Who's Your Agent?

Choose a Health Care Agent in a Health Care Proxy.

2 What Matters To Me?

Write down your care choices in a Personal Directive.

3 Talk About Your Care.

Talk with your care providers to match care to your choices.

Quick Start

It’s easy and quick to complete a Health Care Proxy.
Download individual multilingual documents and tool kits.

1. Choose a Health Care Agent
   - Watch the Video: *Choosing a Health Care Agent*

2. Complete a Health Care Proxy
   - Download free Health Care Proxy documents (16 languages).
   - Make Your Own ‘I Have a Health Care Proxy” Wallet Card

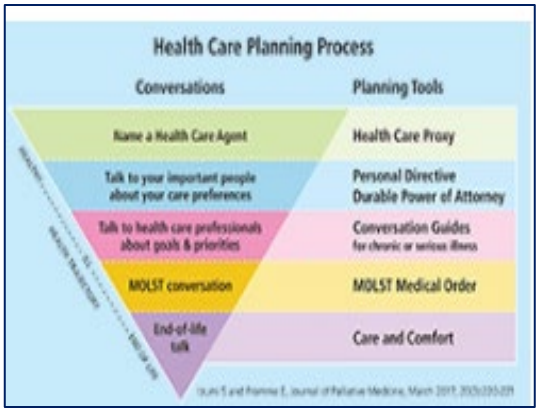
3. Share your Health Care Proxy
   - Give a copy to your Health Care Agent.
   - Give a copy to your clinician to scan into your medical record.

Not able to choose a Health Care Agent? That's Okay.
Compete a **Personal Directive or** Living Will document.

Honoring Choices MA Resources Page

Everything You Need!

Free downloadable fact sheets, documents, videos, tools
www.honoringchoicesmass/resources

Start with the Step by Step Planning Process	Use Our Free Getting Started Tool Kit	Personalize and Update Your Plan Over Time
		

Congratulations
Health Care Planning Ambassadors!

To receive your Health Care Planning Ambassador Certificate-

- If your organization co-hosted the webinar, contact your administrator;
- If you are an individual completing the on-line training (see HCM *Webinars for Health Care Professionals),* send an email to Ellen DiPaola to request a certificate at edipaola@honoringchoicesmass.com Please include your Name, Title, Organization.

Want to join the Honoring Choices MA Partner Network?

- It's no cost. We can tailor tools and webinars for your community and support your events. Contact Ellen DiPaola, edipaola@honoringchoicesmass.com

Visit our website at www.honoringchoicesmass.com

THANK YOU!