



ADVANCED DIRECTIVE, LLC

Supporting At Risk Seniors Maintain Their Highest Level of Independence

Case Management, Fiduciary, Healthcare Planning & Surrogacy

A NON PROFIT ORGANIZATION

501 (c) (3) effective 2/1/17

Standardized Registration for Non Profit Organizations through National Association of Attorneys General (NAAG) and the National Association of State Charities Officials (NASCO) In collaboration with the Multi-State Filer Project, Inc. (MFP)

EIN: 81-5186152

Mailing Address: PO Box 1413, Hockessin, DE 19707 • Phone: 610-564-6289

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OVERVIEW

Senior Advisors of Delaware

So often due to one's power of attorney or family not being localized and/or important documentation such as living wills, advanced directives, etc., simply not being accessible or in hand are common causes of unnecessary confinement to hospitals or nursing homes, family and friends sometimes even unaware an emergency has occurred. During that critical period, without an assigned proxy to help coordinate healthcare unnecessary and invasive medical procedures may also be imposed on the individual who may even be incapable of choosing otherwise. Senior Advisors of Delaware, LLC (Senior Advisors), is a case management agency offering Delaware senior citizens financial and healthcare coordination support. The mission of Senior Advisors is to protect the health and welfare of elders living independently at home. Our primary directive is to assist at-risk seniors in maintaining their desired lifestyles, by helping them to in fiduciary and/or healthcare proxy via the assignment of Power of Attorney, thereby acting to protect their interests. Many at-risk seniors are not aware that their independence can be threatened by an unforeseen health crisis, forcing them to be admitted into a nursing home facility for care and services. In cases where a senior does not have a local and/or readily available power of attorney to help protect their interests, the risk caused by unplanned hospitalization or a medical crisis can leave the individual in a compromised position, forced to rely on the hospital to determine care needs. Senior Advisors' initial and most basic service is offering readiness as an emergency proxy in case such needs arise so that the elder's primary residence can be maintained and the individual expedited to the appropriate level of care and/or back to their home as the setting for their care coordination.

Senior Advisors provides consultation to their clients in outlining their wishes for care needs. Our network of senior advisors, tax and financial advisors, elder attorneys and other professionals offer a continuum of services enabling the consumer to maintain independence safely. Senior Advisors maintains chapters throughout the Delmarva area including a client base, assistance and outreach in Pennsylvania, Maryland and Virginia. The agency maintains membership through the American Association of Daily Money Managers, as well as maintaining licensure as a geriatric case management agency federal taxonomy.

Senior Advisors of Delaware subscribes to electronic healthcare information networks such as DHIN (Delaware Healthcare Information Network) and DocuBank maintaining Advanced Medical Directives to ensure one's medical wishes, care plans and emergency information are immediately available in case of emergency. Push notifications via text and email can be sent to the case manager in case the individual is hospitalized within hours. Then in the case where a short term hospital stay is required, a fiduciary plan is already in place to maintain bills, necessary payments to support their primary residence, insurance and utilities as well, for continued maintenance of property, pets and daily affairs until the individual is able to return home. We can assist in a variety of case situations and needs. In the cases where the senior is previously deemed not competent to engage in decisions to assign a fiduciary or healthcare proxy, our agency is approved through the Court of Chancery to accept court mandated guardianships.

As the healthcare proxy authorized to coordinate care and medical wishes, Senior Advisors helps ensure the individual maintains additional assurance they are not unnecessarily confined to nursing care and has a case manager able to coordinate home care services and assist in ensuring medical decisions are followed according to their wishes.

The mission of Senior Advisors is to protect the health and welfare of elders living independently at home.



Protecting Your Interests

“I live independently & don’t want anyone making care decisions for me. How can I ensure my wishes will be carried out in an emergency?”

Our Mission is to Help You Maintain Your Independence

We are an agency with a multitude of partners including senior advisors, attorneys, accountants and financial experts. Our mission is to ensure seniors maintain their highest level of independence, while helping to support seniors in staying at home or being as independent as possible within assisted care or long term care. If and when senior living options are needed, we can help assist you through the selection process to ensure the decision is on your terms and is the best fit. We can also negotiate costs on your behalf and navigate very important issues such as asset consolidation and investments to help ensure your continued financial well-being.

How We Help You Maintain Your Desired Lifestyle and Care Choices Over Time

PROTECT YOUR RIGHTS: our basic service is to guide you through the documentation and execution of your medical and advanced directives, which ensure your care wishes are upheld over time. Unlike some elder attorneys who provide traditional “living wills” on paper only (where they may not be easily located or accessible), we provide a unique service, in that we document and post your wishes electronically to the Delaware Healthcare Information Network, which is utilized by Delaware hospital and healthcare providers. This posting legally ensures that in an emergency, your medical directives are accessible and are likely to be easily located and followed!

BE YOUR ADVOCATE IN ANY CARE SITUATION: our advanced services offer medical and financial proxy services that provide personal protection should you have an emergency. We can serve as your care advocate and emergency proxy, and we ensure that your wishes are upheld should you be hospitalized. If transferred to a rehabilitation center or nursing community for care, we assist you in securing a speedy discharge so that you are where you want to be! Should you require nursing services longer term, our services become even more important in protecting your assets. We help ensure you have financial liquidity, resources, and ensure you have a place to live without needing State Guardianship!

“I’m already in an Assisted Living or Nursing Community. Why would I need a proxy or advocate?”

If you don’t have someone reliable to act in your best interests should an emergency occur, you may be “deemed incompetent” and made a Ward of the State. We help you avoid State-mandated guardianship and act as your TRUSTED proxy that acts only to protect your best interests. If you were confined to medical care due to a health crisis, who would pay for and “hold your bed or apartment”, maintain your health insurance and **other financial obligations?** Or even manage simple things such as caring for your residence, property, or pets?

CONTACT US FOR A FREE CONSULTATION – OUR SERVICES ARE UNIQUE

Our consultation costs you nothing! We promise a brief share of information and WILL NOT follow up or pressure you. We hope that after we meet, you will see the value in either of our Protective Services, and if you don’t, perhaps will refer us to someone who does need our help. We maintain our business on referrals and good word of mouth. We are licensed, insured and our experience in the industry is not easily matched. ***Our services are unique.***



**Senior Advisors
of Delaware, LLC**

**We Are Your Advocate | Call Frank DeMarinis,
Senior Advisor: 1-610-564-6289**

Advanced Directive – Non Profit Initiative

Advanced Directive is our nonprofit subsidiary that acts as a gateway for accessibility of services. Those generally defined as at risk or frail seniors in the community not only prove to be without suitable family or social support to help maintain their independence but adequate financial means to secure advocacy and help.

Ironically the average cost of an elder attorney throughout the DelMarVa area to process general estate planning including prepaid burial, assignment of medical and financial fiduciary and necessary Medicaid paperwork (intended to prove financial indigence and admission to a nursing center or home based waiver services) often averages from \$6,000 to a high mean of \$10,000 ten thousand dollars. There are few case management services available to help even in the most basic support services such as help applying for:

- Medicaid home based waiver and/or Long Term Care
- Advanced Directives and proactive planning of medical wishes and/or living will
- Assignment of Power of Attorney
- Basic bill pay assistance, food and health services coordination and maintaining independence at home

Funds and grants secured through Advanced Directive support seniors in three simple mission directives:

1. Education and Support to medically at risk and frail seniors who have no advanced or medical directives in place by means of Five Wishes, DMOST/POLST State Initiative for end of life decisions and faith based consultation to assist the consumer in making choices compatible with their beliefs. End of Life Planning can prove difficult for seniors not given the opportunity to consider options including palliative and hospice services able to support their independence in their home.
2. Afford direct payment for Medicaid Planning to those financially indigent and generally unable to afford services on their own. Advanced Directive seeks and continues to secure partners and contracted legal services paid through the fund with agreement to reduced fees and or “at cost” application only. Reimbursed time under fee schedule and or pro bono supports through volunteers, association of retired legal professionals, Legal Aid through Disabilities and other.
3. Afford minimal case management services to meet basic health and welfare in maintaining at home and/or assisting in placement to long term care options for those that needs are not met through or “connected” yet with community services. If non private pay supports are available to the consumer it is the goal to connect them to the appropriate network (i.e. Mental Health, Division of Developmental and Physical Disability, etc)

The basic thought process and underlying framework connecting all these goals is the belief that minimal case management services and ongoing monitoring can reduce the rates of re-hospitalization and more importantly unnecessary nursing home and long term care confinement.

Initial measureable observations from a 2 year period indicate just maintaining a healthcare proxy in case of emergency maintaining an average of only .50 hours of billable or actual case management time per client monthly has reduced unnecessary skilled nursing home care placement by 75% in consumers over 85 years of age. Non profit initiatives include longer term studies intended to support this model as a means to reduce institutional based placement and higher expense models of care.

Why and how such minimal case management services can make high measureable impact?

Each State within our market of operations has and continues to make attempts for easier to navigate modalities for seniors and at risk consumers to tap into available resources. However, it becomes clear to even the novice advocate spending hours of research online and via phone to various advocacy groups whether Adult Division of Aging, Division of Long Term Care and Adults with Disabilities or relevant “go to” administration in their particular state that the information on community supports is fragmented at best.

No administrative agency has the ability to be “hands on” enough with the consumer to assist even in the basic exercise of helping them fill out an application for such services. Other non-profit such as social workers at community senior centers or offices for legal aid may help in a piece of the puzzle but still fail to meet the continuum of need seniors truly need to maintain independence at home. A certified senior advisor with the capable experience to navigate the difficult landscape can quickly connect seniors to DART Transportation, Meals on Wheels, State Supplemented Home Care options, Home accommodations, etc. There are dozens of administrative facets which can also overlap including mental health supports for seniors, dealing with not only the health component but at risk seniors overall well-being of mental health and risk for isolation, and also considerations for physical in home accommodations, adaptations to assist in activities of daily living both in physical decline and cognitive decline. Having and maintaining a healthcare proxy proves also invaluable in monitoring one’s ability to maintain safely in respect to the increasing averages of dementia we see in community today.

The basic cornerstone in our mission is to help the consumer connectivity to the accessibility of services in their marketplace. We see that most seniors fail not due to lack of services in their area but the inability to successfully connect with those services and understand how to navigate that social service landscape.

Looking forward to a repeal and replace of earlier healthcare reform initiatives is supposition though clear that future healthcare legislation may reduce Medicaid funding. States will have to decide and exercise more discretion on who and what services are funded and in what amounts, resulting in increased competition for funds among provider.

Regardless of legislative language we will have to maintain the most efficient system possible with the delivery of all available services thus increasing the need for case management agencies to support the consumers navigate an ever changing network which is increasingly becoming state specific.

Promoting Community-Based Alternatives for Medicaid Long-Term Care Services

Delaware, like the United States as a whole, is steadily aging. As people age, they experience a higher proportion of expensive chronic conditions, a higher probability for disability, and a corresponding increase in the use of and need for health-related services and supports. Delawareans, like other aging and disabled individuals in the U.S., want alternatives to choose from when it comes to obtaining long-term services. Few people want to live in institutions; the vast majority want to stay in their homes and communities for as long as possible. The purpose of this report is to provide information on Delaware’s long-term care environment and to facilitate discussion on the options available to the State as it works to increase community-based Medicaid long-term care services and supports. Ultimately, the goal is to improve the quality of life and health status of individual people without the financial, physical, or cognitive means to completely care for themselves. For the complete report go to *Promoting Community-Based Alternatives for Medicaid Long-Term Services and Supports for the Elderly and Individuals with Disabilities*. Source: <http://www.dhss.delaware.gov/dmma/reports.html>

Table 1 - Projected population growth of age 65 and older²

Geographic area	Year 2010	Year 2020	Year 2030	Change from 2010 to 2030
State of Delaware	132,041	185,576	252,277	91.1% increase
South Atlantic Region ³	8,357,101	11,978,028	16,787,108	100.9% increase
United States	40,243,713	54,631,891	71,453,471	77.6% increase

Table 1 makes it clear that whether on a state, regional or national level the percentage of the population that is age 65 and older is growing rapidly; much higher than the forecasted increase of the population in total which is estimated to be only 17.8 percent for Delaware and 17.7 percent nationally between 2010 and 2030⁴. Accordingly, while Delaware is expected to experience a similar percentage increase in total population as the U.S., the number of elderly Delawareans is expected to nearly double over the next 20 years.

The following chart exhibit illustrates how the composition of Delaware’s elderly and non-elderly population is expected to change from 2010 to 2030.

Chart 1 - Changing composition of Delaware’s population

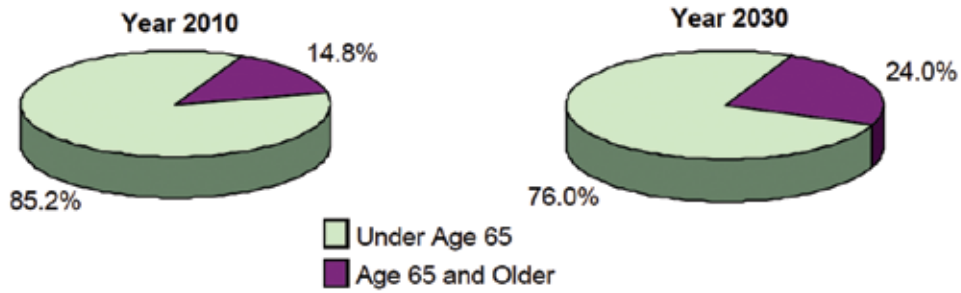
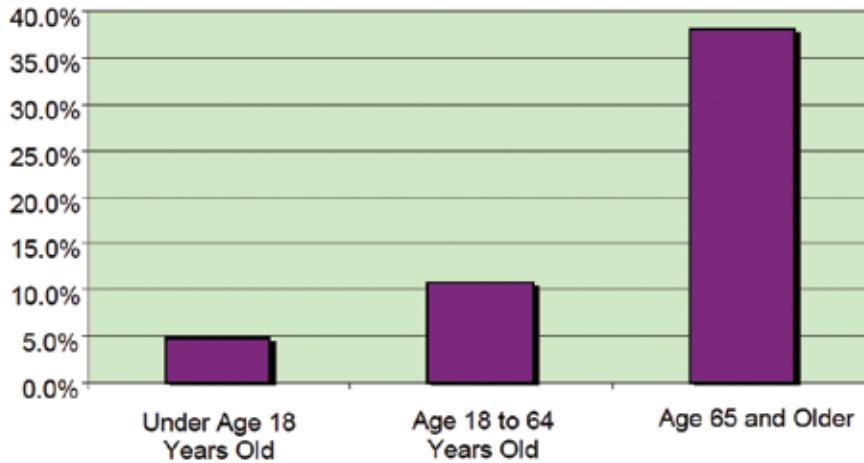
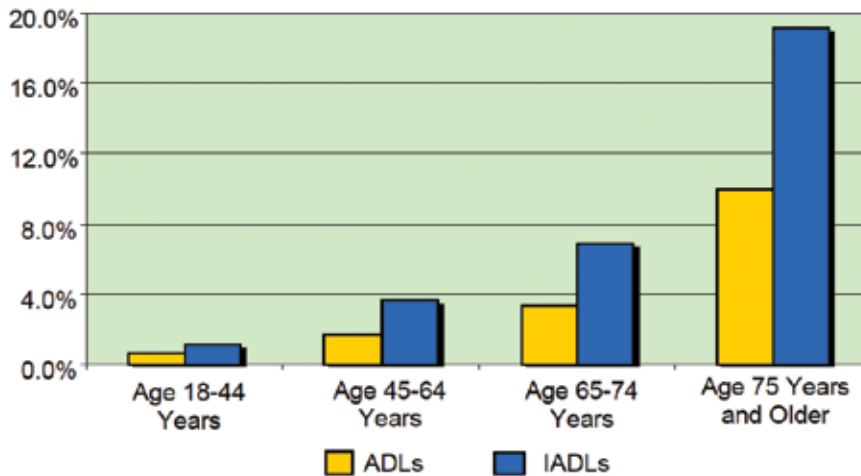


Chart 2 - Delaware population with one or more disabilities¹²



The Delaware-specific results in the above exhibit correspond to national survey data that a person’s ability to perform ADLs and IADLs become more limited with age. As the following chart shows, there is a direct correlation between age and a person requiring assistance/help in performing daily activities.

Chart 3 - Percentage of persons having limitations in ADLs and IADLs by age band - national survey data¹³



Overview of Delaware’s Current Medicaid Long-Term Care System

Delaware’s Medicaid long-term care program is operated out of multiple Divisions within the Delaware Health and Social Services (DHSS) overall organizational structure. There are no Area Agencies on Aging (AAAs) in Delaware and funding for Medicaid services is managed at the State level.

Of particular interest, virtually all populations and services composing long-term care are delivered via FFS means. Although DMMA has a mandatory Medicaid managed care program, dual eligibles, nursing home residents, 1915(c) waiver recipients and the corresponding long-term care services are all excluded. This presents opportunities for new and innovative solutions, but also possible resistance to change from a system rooted in traditional FFS.

The following is a brief overview of the major Divisions and programs that Delaware provides to the elderly and individuals with disabilities through its Medicaid system.²⁹

Cost of Care – Community versus Institutional

It is widely accepted that, measured on an average per person basis, the cost of serving a Medicaid consumer in their home or community is much less than the average cost of nursing home-based care (although community-based care for some individuals, especially those with disabilities, can exceed the cost of institutionalization). Eligibility for community-based waiver programs typically require the same “level-of-care” need associated with nursing homes, so a primary driver for the average per person cost differential is the service delivery system – community versus institutional. Other factors that contribute to the cost differential include differences in acuity level and the availability of unpaid family support to those able to be served in community settings. Therefore, it is worth noting that if more people are served in the community with greater health care needs, DMMA should anticipate an increase in average per person community-based spending. Whereas the annual average cost of nursing home care can be well over \$50,000 or in Delaware more like \$70,000 to \$80,000, a person who is able to be served in their home or community can average less than half this amount. One study indicated a 63 percent reduction in per person spending for a nursing facility waiver program as compared to institutionalization.¹⁴ Expressed in other ways, for the annual cost of one nursing home stay:

- Two to three people can be served in their home or community.
- Over 1,600 hours of home health aide services could be purchased.¹⁵
- Over 18 months of assisted living services could be obtained.¹⁶
- Over 1,000 days of adult day care services could be offered.¹⁷
- Over 13,000 home delivered meals could be provided.¹⁸

A survey conducted in December 2008 of 1,000 Delaware residents age 35 and older found the following opinions and concerns.¹⁹

- 42 percent thought it likely that either they or their family member will need long-term care services in the next five years.

¹⁴ Kitchener, M., Ng, T., Miller, N., & Harrington, C.; Institutional and Community-Based Long-Term Care: A Comparative Estimate of Public Costs; *Journal of Health & Social Policy*, Vol. 22(2), 2006.

¹⁵ Based on \$43 Medicare-certified hourly rate for home health aides, 2008; AARP Across the States, Profiles of Long-Term Care and Independent Living, State of Delaware, 8th edition, 2009.

¹⁶ Based on \$3,774 average private pay rate per month in assisted living, 2008; *Ibidem*.

¹⁷ Based on \$67 average private pay daily rate for adult day care, 2008, *Ibidem*.

¹⁸ Based on \$5.14 national average cost; State of Aging: 2009 State Perspectives on State Units on Aging Policies and Practices, National Association of State Units on Aging, October 2009.

¹⁹ The Road Ahead: AARP Survey on Community Services in Delaware, March 2009.

²⁹ <http://dhss.delaware.gov/dhss/>, accessed May 3, 2010.



- 50 percent are not very or not all confident in their ability to afford the annual \$81,000 cost of a nursing home in Delaware.
- 51 percent of respondents with incomes less than \$50,000 a year say they plan on relying on government programs to pay for their long-term care.

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

The mission of the DSAAPD is to improve or maintain the quality of life for Delawareans who are at least 18 years of age with physical disabilities or who are elderly. The Division is committed to the development and delivery of consumer-driven services which maximize independence through individual choice, enable individuals to continue living active and productive lives, and protect those who may be vulnerable and at risk. In addition to being Delaware's State Unit on Aging, DSAAPD oversees/provides a variety of programs and services including, but not limited to the following:

- **Assisted Living Waiver Program:** This is a statewide Medicaid 1915(c) waiver that provides services and supports for eligible older persons and adults with physical disabilities who otherwise would require care in a nursing home, but can be served in assisted living facilities. Waiver services provided include assisted living and case management.
- **Elderly and Disabled Waiver Program:** This is a statewide Medicaid 1915(c) waiver that provides an alternative to nursing home care for eligible older persons and adults with physical disabilities. The program includes services to help a person to continue living in his or her home safely. Nurses and social workers coordinate with participants and their caregivers to develop care plans that help to meet individual needs. Waiver services provided include adult day services, case management, personal care, personal emergency response system and respite care.
- **Nursing Home Transition Program:** A state-funded program led by DSAAPD with the overall goal of the program is to identify, inform and assist nursing home residents, especially those who are Medicaid-eligible, who want to move to a community-based setting. The program offers individualized case management to accomplish this goal. In three years, this program has transitioned 55 clients from nursing homes to the community, incurring set-up costs that average under \$1,500 per client while promoting increased independence with the use of cost efficient community supports.³¹
- **Acquired Brain Injury (ABI) Waiver Program:**³² This is a new statewide Medicaid 1915(c) waiver that provides supports and services for eligible adults who have sustained an acquired brain injury and who otherwise would require care in a nursing home. The goal of the program is to provide services which respond to each person's needs and allow him or her to live as independently as possible. Waiver services provided include adult day services, assisted living, day habilitation, case management, cognitive services, personal care, personal emergency response system and respite care services.
- **Long-Term Care Ombudsman Program:** This is a statewide program available to all residents (and their families) of licensed long-term care facilities. The Ombudsman program investigates and resolves complaints made by (or on behalf of) residents of long-term care facilities (for example, nursing homes). The program also provides volunteer opportunities for friendly visitors/advocates in nursing homes.
- **Other Services:** In addition to the aforementioned programs, DSAAPD also provides the following services, mostly through the use of state-funds, but sometimes with other federal funds or block grants: assistive devices, Alzheimer's day treatment, attendant services, home-delivered meals, home modifications, housekeeping services and medical transportation.³³

³¹ G. Perrotti, *Ibidem*.

³² ABI waiver received CMS approval on December 1, 2007 and was expected to have approximately 50 participants in its first year growing to 70 by year 3. Delaware is currently evaluating merging the Assisted Living, Elderly and Disabled and ABI waivers.

³³ Some other states have opted to provide these types of services through their 1915(c) waivers to obtain federal matching funds.



COMMUNITY PARTNERSHIPS

Senior Home Service Network

Let Us Help...

Senior Home Service Network (SHSN) is a group of individuals and small businesses that have experience in assisting those that want to “age in place” or “age at home”. The concept of “aging in place” is defined by the CDC as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level

Each of our members have unique talents that they bring to the client varying from trades to home care and from financial services to real estate services. SHSN never charges a fee for accessing our providers. You deal directly with the providers listed to determine if these services can address your needs.

Please take a moment and review our members and the services that they provide. If you are in need of a particular service that is not listed please feel free to use our “Contact Us” link and let us know what services that you are searching for. Chances are one of our providers can direct you to the right person or company that is best suited to address your needs.

If you are looking for a speaker for your organization please contact us and we will be happy to provide one at no charge. Our providers can speak on a varied list of topics.

As we age there are issues and concerns that need to be addressed. Some of these issues/concerns include:

- Long Term Care and Medical Expense Risk
- Declining Mental Capacity
- Financial and Risk Management
- Frailty
- Estate and Legacy Planning
- Elder Abuse
- Ability to take care of the Activities of Daily Living
 - House Chores: Lawn / Gutters / Snow Removal / Repairs & Maintenance
 - Driving and Shopping

Our providers can assist clients with most (if not all) of these issues and concerns. Creating a safe and sustainable home environment, thereby reducing the risk of injury or death, is at the core of our provider’s service menu. On the planning front, our providers can assist in the preparing of required legal documents including will, power of attorneys, living wills, health care directives, trust planning, elder law and Medicaid planning.

Each of our members have unique talents that they bring to the client varying from trades to home care and from financial services to real estate services.





August 26th, 2015

The Delaware Culture Change Coalition is a non-profit organization that supports the creation of long and short-term living environments as well as community-based settings where older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life. Frank DeMarinis has been an active member these past couple years. He contributes to our quarterly newsletter and maintains as a value add to our efforts.

He has shared with the group his own efforts supporting outreach work to frail elderly residing in the community. We hope his own reputation and recognition addressing the needs of the senior outreach continue to grow. We understand his own venture pursuant to non profit status is a welcome compliment to his continued activity with us.

The intention of this letter of support is to support the justification of need and value to the senior community. Of particular interest was outreach work related to consumer education on Advanced or Medical Directives. As of September the format will be changing to DMOST which will require extensive education across the board including consumers, clinicians and healthcare institutions. His initiative and partnership with the Delaware Health Information Network (DHIN) to electronically share this consumer information to necessary healthcare providers will potentially modernize and innovate our current system as it relates to emergency medical information.

We understand his initial initiatives with the Ombudsman Office, and Long Term Care could have very positive impact. We support his efforts and validate how important it is for senior's to have a voice and their medical wishes honored during time of crisis. So often even when traditional advanced directives are in place, we find a disconnect from the documentation to the emergency room or acute care provider. The initiative to make this information accessible via the Christiana Hospital Network and the DHIN © network is a tremendous advancement.

Sincerely,

Delaware Culture Change Coalition President

Delaware Culture Change Coalition

28371 Fire Tower Road Laurel, DE 19956

www.deccc.org

<http://www.pioneernetwork.net/Coalitions/Find/Delaware>
delawareculturechange@gmail.com

302-264-1231

Officer's

Lisa Satterly – President
Anna Short – VP
Janet Hiscox – Secretary
Karen Minner- Treasurer

BOARD OF DIRECTORS



Frank DeMarinis, LNHA
President - Director

Frank DeMarinis, Executive Director is the owner and operator of Senior Advisors, LLC. Having completed his undergraduate at Villanova University and Masters at Immaculate University with degrees in Counseling Psychology his early roots were as a therapist for individuals with disabilities and as a vocational counselor working for a nonprofit with focus on securing competitive employment for the disabled. Later his vocational experience focused on therapeutic support of the aged and those coping with grief and dying as well as family therapy. It was that focus that lead him to senior care.

Having later completed his licensure as a Nursing Home Administrator holding operators licenses in Maryland, Delaware, New Jersey and Pennsylvania he spent ten years operating skilled nursing home(s) subsequently followed by another ten years managing in assisted living settings. It was within those 20 years in long term care that he identified an overutilization of institutional based care providers and even unnecessary utilization of services based on simple factors such as lack of family involvement and inability for many seniors to navigate the system and benefits available. He began offering his services on a volunteer basis through church organizations and outreach services assisting seniors unable to advocate for themselves.

These efforts grew into the licensure and establishment of Senior Advisors as a Limited Liability Corporation, listed National Provider Number and taxonomy as a geriatric case management agency holding insurance and liability to manage fiduciary and healthcare proxy for seniors and recognized by Court of Chancery to handle guardianship matters. Within the last two years, services have grown from offering "emergency proxy services" to a wide array of activities including Representative Payee for Social Security and other benefits, management of Trusts, Guardianship, connecting consumers with available supports and coordination of healthcare needs as well as placement into appropriate long term care options when necessary.

The Development of Advanced Directive, nonprofit established in Delaware (also serving MD, VA and PA) and 5013C was deemed necessary due to the enormous gap between those at risk seniors needing services and support and the inability of many of the population to afford even modest fee for service support. There are a great number of individuals needing education and assistance with end of life planning as well as access to benefits allowing individuals to age in place at home. Though there have been some state initiatives (DMOST/POLST) to establish these goals, there are still few supports for seniors to navigate the available information, often fragmented and even in documenting their wishes, utilization of standard forms do not always appreciate individuals having to make decisions compatible with their faith and beliefs.

Frank DeMarinis has been an active member of the Delaware Culture Change Coalition contributing as editor to their newsletter and advancing the cause for resident centered care in the State of Delaware, Eucharistic Minister with his local Church, Aging In Place Network (a partnership of providers dedicated to supporting individuals age with dignity in their own home) and several business associations including being an active member of the Delaware Health Care Association, Association of Palliative Care and Marketing and Admissions Professionals within the Long Term Care Industry.



David Parkinson, NHA
Treasurer

David Parkinson maintains as a Licensed Nursing Home Administrator in the State of Delaware and also charge for the Lorelton Assisted Living community for the Lorelton Foundation, 501 C3. The Lorelton Foundation is an alternative care facility for seniors transformed from the historic Charles B Lore School in Wilmington proving to be a successful alternative to traditional long term nursing options for seniors as well as an alternative to typical Medicaid Waiver Services.

His experience in managing nonprofit senior care living alternatives brings wealth to our board. Educationally and professionally David has a background in psychology and sociology having some years as a Social Worker for nursing homes and community based services prior to his involvement at the Lorelton.

David maintains a focus with partnership with not only with our professional resource group but development of ministry and chaplain services through business development and growth of our network to include Hospice and Palliative Care agencies.



Heather Bressi, RN, NHA
Secretary

In March of 2009, Heather Bressi opened Serenity Gardens Assisted Living, formerly Serenity Gardens Recuperation Center. She has served as Director of Nursing and now serves as the Executive Director of the Facility. In her role, Mrs. Bressi oversees the day-to-day operations of the facility and direct nursing care.

Prior to opening Serenity Gardens Assisted Living, a small family owned and operated facility, Mrs. Bressi was employed by Saint Francis Hospital as a staff nurse on a medical/surgical floor for over twenty years. Christiana Care also as a staff nurse on their medical/surgical units. She also worked for AIG Insurance starting as a mail room clerk working her way up to an Underwriter's Assistant for seven years. Other experience includes five years working as a Medical Records supervisor at the University Hospital in the island of Jamaica, West Indies. When she's not busy implementing policies and procedures she spends time taking the Residents on outings to local restaurants, nail salon and stores.

Mrs. Bressi is a 1995 graduate of Delaware Technical Community College where she received an Associate degree in Nursing. In 2013, she completed her Nursing Home Administrator course at Institute of Continuing Education and Research (ICER) and completed her year long internship under the careful guidance of Frank DeMarinis and Virginia Grey. She was successful in obtaining her Nursing Home Administrator license in December of 2014. Mrs. Bressi is licensed as both a Nursing Home Administrator and a Registered Nurse in the state of Delaware.

She has had proven success developing one of the only "group home" assisted livings in the State of Delaware. This unique home based congregate living option shows a high success rate of small provider options compared to much larger institutional senior living options with much higher expense to operate. Her experience in this alternative model brings enormous value to our own consortium and in maximizing care for seniors shows a very individualized approach in care planning.

REFERENCE MATERIAL

Source: <http://www.catholicendoflife.org/advance-directives/>

Now and at the Hour of Our Death

Catholic Guidance for End-of-Life Decision Making



Advance Directives

Advance care planning is a positive thing to do. The most essential thing any one person can do is to speak to your family, your loved ones, your doctors, and trusted clergy members regarding the hour of your death. Make sure they know your desire to be faithful to the teachings of the Church. As difficult as talking about death may be, we should be having these conversations while we are young and healthy in order to most effectively plan for the time when we are not.

The United States Conference of Catholic Bishops urges Catholics to consider designating a proxy decision-maker to make health care decisions for them should they become incapacitated and unable to decide for themselves. They urge the use of advance directives to appoint a health care agent who understands and shares Catholic values, and can help to apply them to the medical situation at hand.

Advance Directives are legal documents that take effect when a person becomes incapacitated and unable to make medical decisions on their own. Here are the various forms such directives can take.

Power of Attorney for Healthcare

This document allows you to appoint someone as your health care agent who will have the legal right to make health care decisions for you when you become unable to make them for yourself. When you sign this document, you appoint a person to serve as your spokesperson. That is why it is so important to have conversations with that person, and make your wishes known, prior to when illness or crises strike.

The Health Care Proxy

The health care proxy is very similar to the power of attorney for health care, and is available in many states. It, too, allows you to appoint someone to make health decisions for you should you become unable to make them for yourself. This can be a morally appropriate and useful tool, particularly if you have taken the time to discuss your beliefs, values and wishes prior to the hour of your death. A health care agent can make decisions based on what you have shared, taking into account the current circumstances surrounding your medical condition and available treatment options.

The Living Will

A living will is a written document that allows you to spell out in advance what types of medical treatments you would like to receive or forgo if you had a particular medical condition and became unable to make your wishes known. While most states recognize living wills as evidence of a patient's wishes, they are the most inflexible of the advance directives, because they attempt to write detailed instructions for a future unknown condition with unknown medical treatments and other unknown factors. No one could possibly predict in advance all of the decisions that must be made in a time of medical crisis. Designating a person to make decisions for you (in a power of attorney for health care or health care proxy) when you become incapacitated is the preferred advance directive. A written living will might be a helpful additional tool to help your appointed health care agent to interpret your wishes at the time decisions must be made.

Medical Orders

DNR (“Do Not Resuscitate”)

A DNR order is a medical order that instructs medical personnel not to attempt cardio-pulmonary resuscitation (CPR) if a patient’s heartbeat or breathing stops. It does not affect any other treatment. For Catholics, deciding about a DNR requires weighing benefits and burdens to determine if CPR would constitute ordinary or extraordinary care.

POLST (“Physician Orders for Life-Sustaining Treatment”)

A number of states now recognize POLST (or MOLST “Medical Order for Life-Sustaining Treatment”, sometimes called POST or MOST), which are pre-set forms establishing medical orders to administer or withhold treatments. The orders take effect immediately upon signing; they are not conditioned on the patient losing capacity. They allow patients to forgo anything from antibiotics to medically-assisted nutrition and hydration. Some Church authorities have determined these documents to be intrinsically flawed because they are premised on absolute patient autonomy and they do not allow for truly informed consent. Other Bishops’ conferences have urged caution when deciding to complete a POLST order, as it is intended for use by those who are in the final stages of illness or frailty. POLST has been approached differently in the states due to variance in state laws and interplay with other end-of-life policies. Please check the State Resources section of this website to learn more about specific guidance in your state.

A Healthcare Proxy and Agent is More than a Healthcare Power of Attorney

ADVANCE MEDICAL DIRECTIVES: PLANNING FOR YOUR FUTURE

Rosa* knew from experience the difficulties and expenses of watching a loved one die. She was totally devoted to her husband as he suffered and died from cancer eight years earlier. The idea of high medical bills, “tubes” and pain upset her, and even though she had not viewed her husband as a burden, she feared being one to her family.

Then, Rosa was hospitalized with a terrible urinary tract infection which made her dehydrated, weak and confused. Her daughter Teresa had been appointed as her health care agent. Teresa met with the medical staff, who helped her understand that the proposed treatments would not cause an undue burden to her mother. In fact, they would be temporary and appropriate care in Rosa’s situation. Teresa was grateful that the medications, nutrition and hydration that Rosa was given, all through “tubes,” cured her infection. Rosa is now as active as she has ever been and realizes that there are certain situations that can’t be anticipated when illness comes. It’s best not to refuse future care that may turn out to be very welcome.

Human life is good and to be protected. All medical decisions ought to reflect this core belief. Yet black-and-white answers to our questions about end-of-life issues are not always possible, and it can be very difficult to know how to make medical decisions. Each and every human person is distinct and unrepeatable, and each medical situation may be unique. In each set of circumstances we need to judge whether a given treatment will provide real benefit to the patient, without causing harm or other burdens that are out of proportion to the good being done.

We should each be prepared for those difficult situations when medical decisions must be made. We can safeguard our Catholic values by appointing a responsible and trustworthy person now to make decisions for us, in the event that

we are incapable of doing so, either physically or mentally. It is important to be aware of the different legal or medical documents that are available or are often used to define a patient’s care. Depending on how they are crafted, some documents can be counter to Catholic morality and more harmful than we might realize.



The safest option is to designate a health care agent who not only understands our Catholic values but also shares them and can apply them to current situations and respond to questions as they arise. This person, usually a close family member or friend, acts as a proxy decision maker if the patient is not able to make his or her own decisions. In choosing an agent or proxy, a person can declare in writing that all treatment and care decisions made on their behalf must be consistent with and not contradict the moral teachings of the Catholic Church.

Less flexible is a living will, which simply lists treatment options or care that the patient wishes to accept or reject. No matter how well-crafted, such a document can never predict all the possible problems that may occur at a later time or anticipate all future treatment options. A living will can be misinterpreted by medical providers who might not understand the patient’s wishes.

Some states and healthcare systems have been implementing a troubling document known as a “Physician Order for Life- Sustaining Treatment,” also called by a confusing array of acronyms (POLST, MOST, MOLST, or POST). The POLST document is filled out by a doctor

Advance Medical Directives: Planning for Your Future (cont'd)

or other medical professional to define treatments to be withheld or administered in a future situation. It has been criticized for placing more power in the hands of physicians than in patients' hands. Indeed, in some cases the patient need not even sign the document.



Once signed by the physician, it becomes a doctor's order to other medical

staff, and may override the patient's own past advance directives and even the patient's appointment of a health care agent. It may be applied to patients who are not in a terminal situation and who might only need antibiotics, nutrition and hydration, or other proportionate care. Yet a POLST document signed months or years before, stating that the patient should not receive antibiotics, could still be followed even if the patient, like Rosa, faced a simple urinary tract infection which is easily cleared up by antibiotics.

Of course there are times when failing health is not so easily remedied as in Rosa's case. In some situations, procedures are appropriately refused. One should consider the benefits and burdens of a prospective procedure and conscientiously judge whether or not to accept it. However, because of the inherent dignity of the person and our moral obligation to protect each human life, our Church teaches that we should take reasonable steps to preserve life and should never withhold or administer treatment with the intention of ending the life of the person.

It is incredibly difficult to see someone we love suffering, and it is natural for us to want to alleviate their hardship. Additionally, we live in a culture that places value on productivity and prefers to get rid of what is deemed useless. Some people therefore support measures that, at

first, might seem like a compassionate response, but in fact are not. Advocates for legalizing assisted suicide and euthanasia promote the illusion that we can "help" those in need by killing them or assisting them in killing themselves. However, this response ignores the person's true needs and does not respect their dignity. Each person deserves real solutions and support when facing physical, emotional and spiritual challenges. Cutting someone's life short before their time deprives them of unknown opportunities for God's grace to work in their life.

God's infinite love for each one of us helps us to grasp our identity and our worth. The recognition of this dignity leads us to respect and protect each person's life, including our own, and ought to be at the core of whatever medical decisions we make. Let us place our trust in the Lord and ask for his continuous guidance, for these decisions and for all those we face in our lives.

**The story of Rosa and Teresa (their names are changed for their privacy) is just one example of how important it is to reflect in advance on how we would want decisions made on our behalf if we cannot speak for ourselves. To find out what pastoral and educational resources may be available locally, contact your diocesan pro-life office.*



Secretariat of Pro-Life Activities

United States Conference of Catholic Bishops

3211 Fourth Street NE • Washington, DC 20017-1194

Tel: (202) 541-3070 • Fax: (202) 541-3054

Website: www.usccb.org/prolife

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July 2016

AN OVERVIEW OF MEDICAID IN DELAWARE

This document provides a broad overview of the Medicaid Program in Delaware, and compares it to programs in surrounding states and the nation. Delaware's program is managed by the Division of Medicaid and Medical Assistance (DMMA) within the Delaware Department of Health and Social Services.

Established in 1965 by Title XIX of the Social Security Act, Medicaid has grown from an insurance program to pay for medical care for low income families with children, to one that covers five broad categories of people:

- ◆ Low income families with children;
- ◆ Children under 6 with family income below 138% of the federal poverty level (FPL);
- ◆ Pregnant women with family income below 138% of the FPL;
- ◆ Individuals with disabilities; and
- ◆ Individuals over 65 with low income.

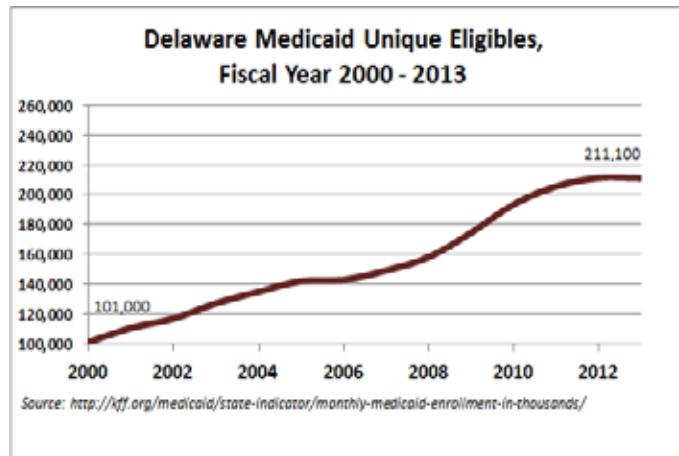
Individuals who comprise these groups and sign up for Medicaid are referred to as "eligibles".

With the passage of the Affordable Care Act (ACA) in 2010, states receive 100% federal matching funds to expand their Medicaid coverage to childless adults up to 138% of the federal poverty line. At the time of this writing, 31 states, including Delaware, have undertaken this expansion. Although there are national guidelines and mandated minimum coverage benefit levels, each state designs and manages its own program. The federal Centers for Medicare and Medicaid Services (CMS) offers eligibility waivers that allow states to configure their own Medicaid coverage rules, benefit levels, and cost sharing policies.

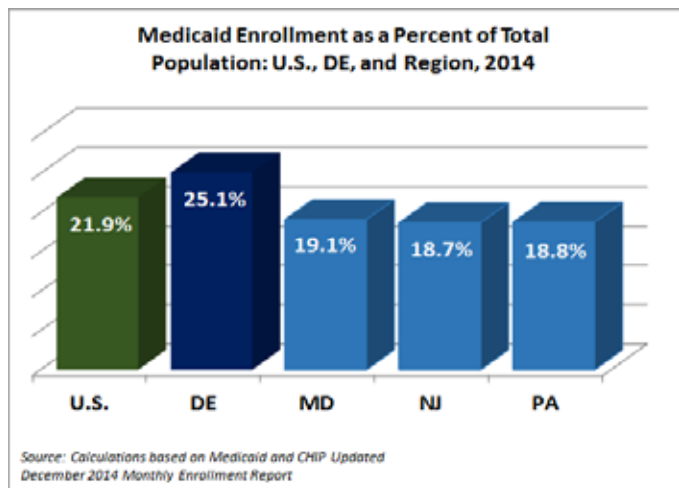
Since 1996, Delaware's Medicaid program, under a CMS waiver, has covered childless adults living at or below 100% of the official poverty level. In the same year, Delaware adopted a mandatory managed care health program under a Section 1115 waiver.

MEDICAID PARTICIPATION

Participation in Delaware's Medicaid program has been increasing steadily. Between 2000 and 2013 the average increase has been 5.9% per year.



Approximately one-fourth (25%) of all Delawareans were enrolled in the Medicaid program in 2014. Delaware has a higher percentage of enrollment in comparison to the U.S., as well as the region.



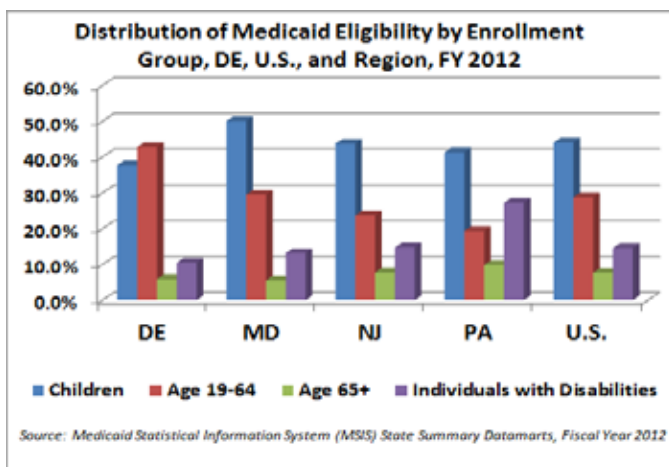
This report was produced by the University of Delaware's Center for Community Research & Service. It was made possible by a special budget allocation provided by the state of Delaware to support public service activities conducted by the University for the benefit of the citizens of the First State.

University of Delaware Center for Community Research and Service
 School of Public Policy and Administration • 297 Graham Hall • Newark, DE 19716 • USA • (302) 831-6780
www.ccrs.udel.edu

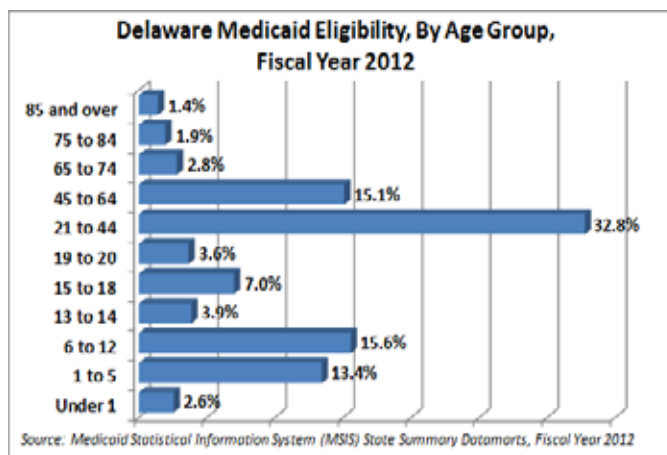
An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware

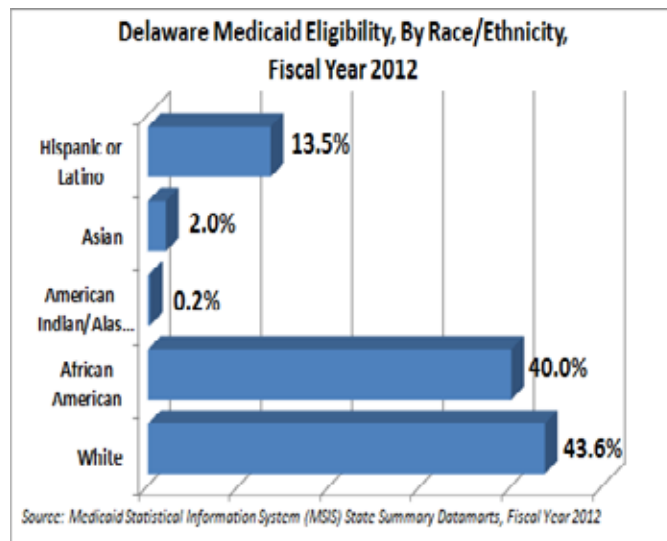
Examination of four different enrollment groups shows that children and non-elderly adults are Delaware's largest eligible groups, with each making up about 40% of the total. In surrounding states, and for the U.S. as a whole, children represent a higher proportion of eligibles, and non-elderly adults a lower proportion, due to eligibility standards that are tighter than Delaware's. With many states expanding coverage to childless adults under the Affordable Care Act (at 138% of the FPL and below), it is expected that eligibility profiles in other states will look more similar to Delaware's profile over time.



Looking at participants in Delaware by smaller age group cohorts shows that, as of 2012, the largest age cohort is the 21-44 age group, which accounts for almost one-third of all participants (32.5%).



Race and ethnicity breakdowns reveal that, as of 2012, the majority of Delaware Medicaid participants are either white (44%) or African American (40%). African Americans are disproportionately represented in Medicaid compared with the state population; African Americans made up approximately 21% of Delaware residents in 2012.



Medicaid is a complex program and varies state-to-state. For more information about Medicaid see:

- ◆ www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/SummaryMedicareMedicaid.html

For more information about the national Medicaid program see:

- ◆ www.medicaid.gov

For Delaware Medicaid information see:

- ◆ www.dhss.delaware.gov/dhss/dmma/faqs.html

For state level Medicaid information see:

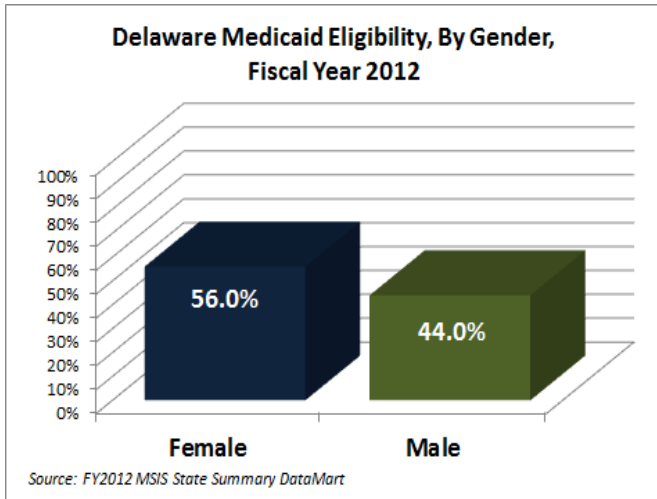
- ◆ kff.org/medicaid/

The majority of Delaware Medicaid participants are enrolled in managed health care programs. These programs receive a monthly capitation rate payment for each participant. Each participant chooses a plan that has contracted with the state, and a primary physician within the plan network who coordinates the participant's health care services.

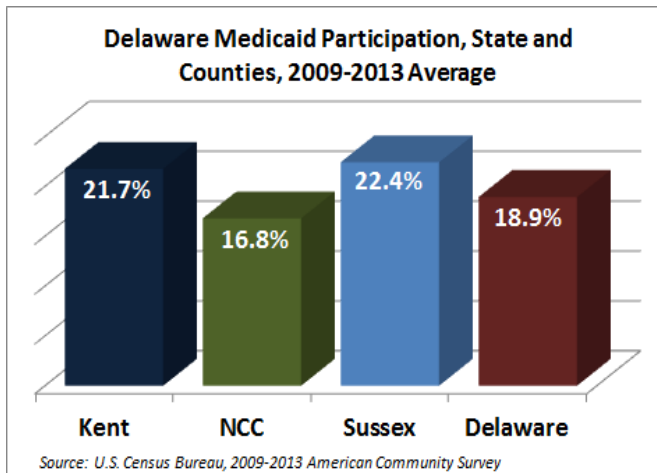
An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware

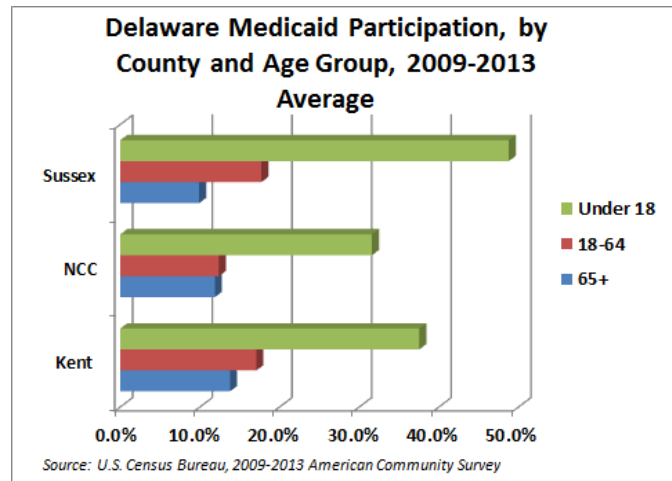
Gender differences in Delaware Medicaid participation reflect a higher percentage of females (56%) than males (44%), likely attributable to eligibility among pregnant women and single mothers.



Although New Castle County has the largest number of participants due to its large population, it has the lowest percentage of individuals participating in Medicaid (16.8%). Kent and Sussex counties have slightly higher participation rates of 21.7% and 22.4%, respectively.



Sussex County has the largest proportion of children in the Medicaid Program (48.8%) compared to New Castle (31.6%) and Kent (37.5%) counties. Proportions of adults (18-64 years old) and older adults (65 years and over) are generally equivalent when comparing counties.



Further geographic examination by census tract reveals pockets of high Medicaid coverage (see map on Page 4). Areas with corresponding high levels of Medicaid coverage in downtown Wilmington reflect high levels of poverty. Most of the New Castle County suburbs show relatively low percentages of Medicaid enrollees.

Kent and Sussex counties have higher levels of Medicaid coverage in both urban and rural areas than in New Castle County. In Sussex county, the communities bordering the beach have few enrollees — most likely reflecting communities of wealthier retirees.

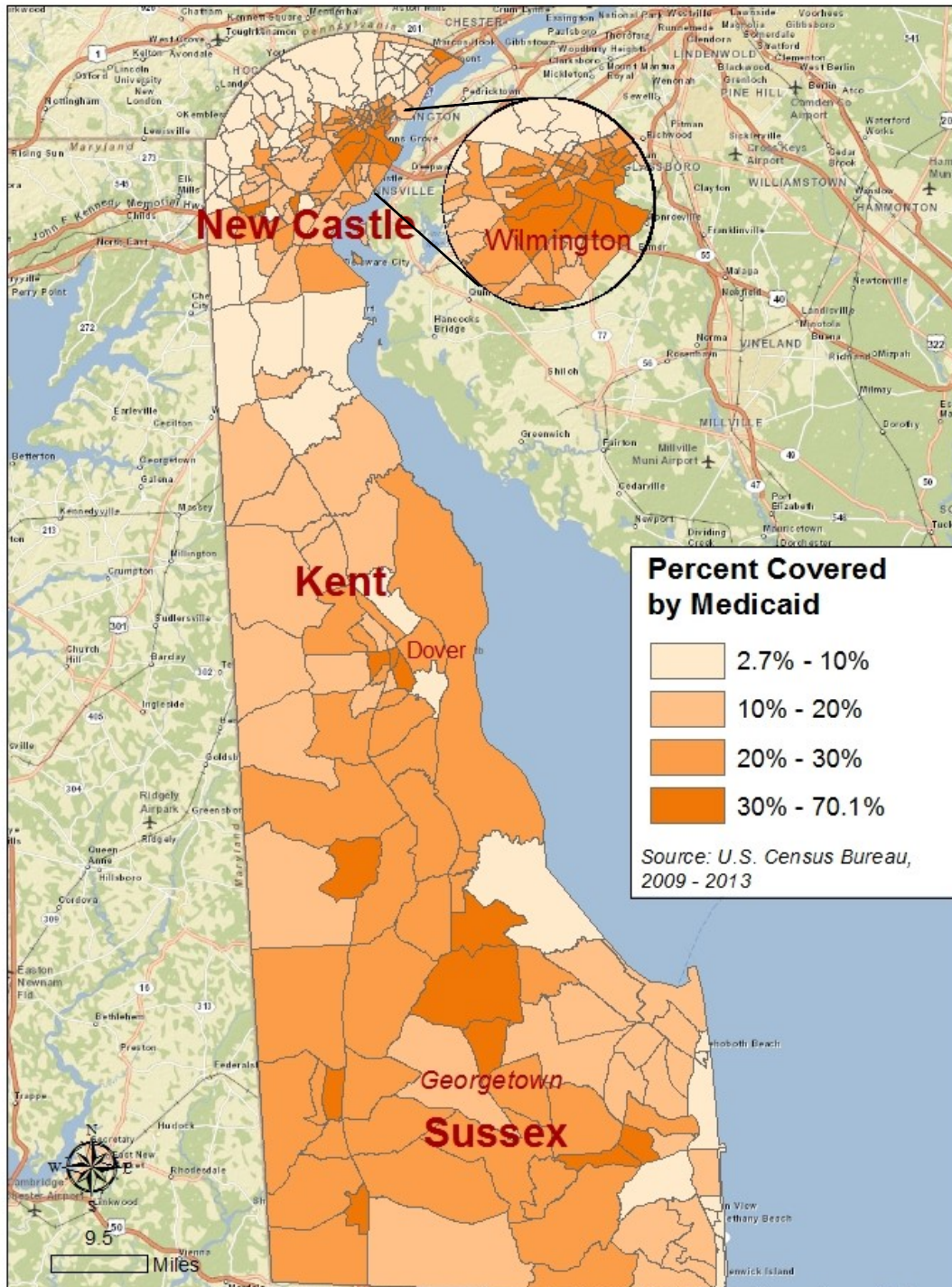
Maps on Page 5 show the distribution of Medicaid coverage for children (less than 18 years old) and adults (18–64 years old). Similar patterns are seen in these two maps reflecting the distribution of all individuals covered by Medicaid.

TECHNICAL NOTE:

The American Community Survey (www.census.gov/acs/www/) is an excellent source of small geographic data. However, in small states like Delaware the five year pooled data can have a large margin of error. These data are helpful in presenting patterns and trends but should not be interpreted as exact measurements of Medicaid coverage.

An Overview of Medicaid in Delaware

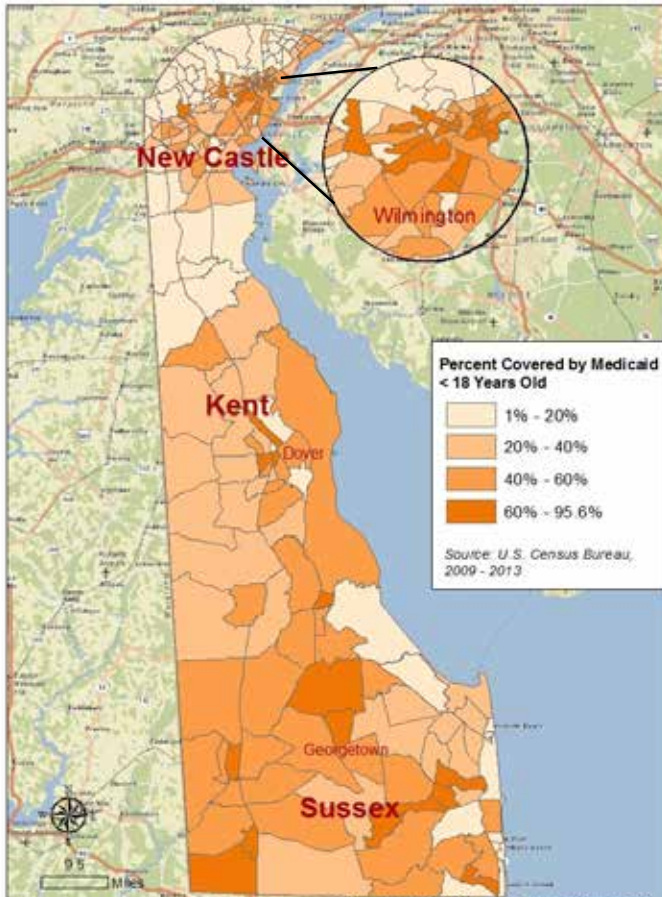
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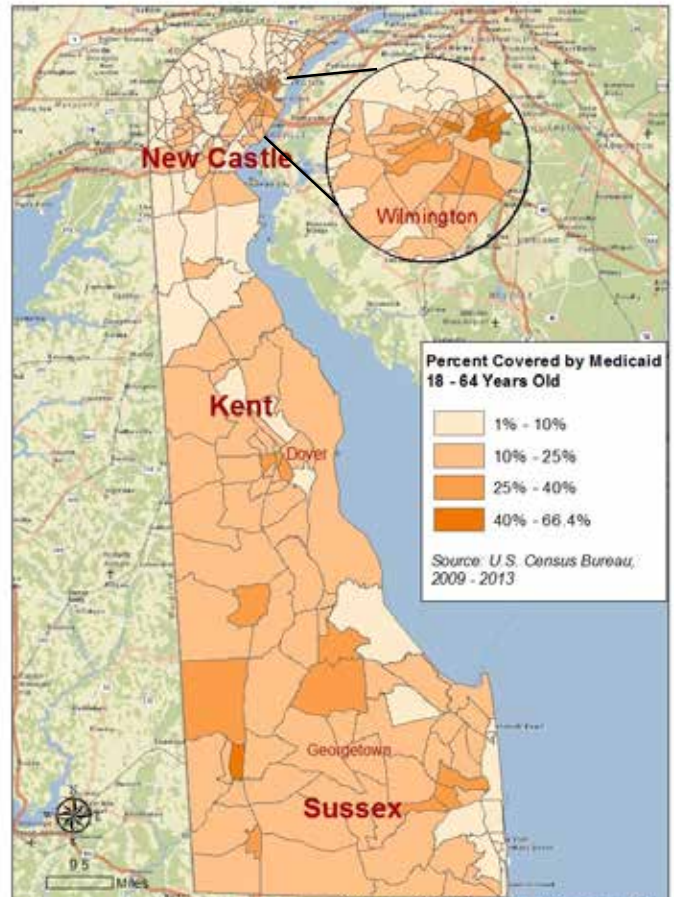
Source: U.S. Census Bureau, 2009 - 2013 American Community Survey

An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware



Source: U.S. Census Bureau, 2009 - 2013 American Community Survey

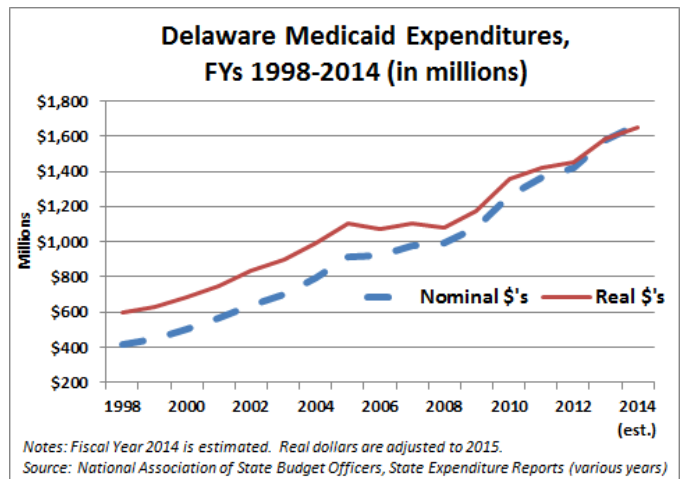


Source: U.S. Census Bureau, 2009 - 2013 American Community Survey

MEDICAID EXPENDITURES

Medicaid expenditures are funded by both the federal and state governments. Delaware's overall federal match is approximately 50%, dependent upon the group covered. On average, the matching rate that Delaware received in fiscal year 2015 was 54.8%. This means that 54 cents of every dollar spent in Delaware on the Medicaid population, is derived from the federal government.

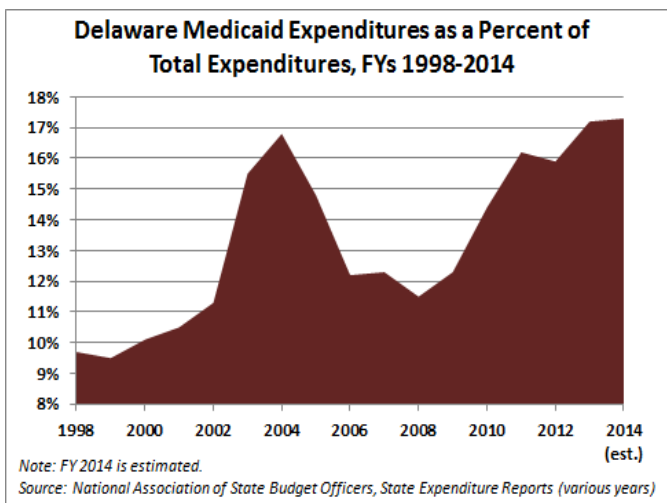
Delaware's Medicaid Expenditures have increased steadily since 1996, both in terms of nominal (not adjusted for inflation) and real (adjusted for inflation through 2015) dollars. Concurrently, the number of persons who are eligible for Medicaid has risen in Delaware. Between 2007 and 2014, expenditures increased by 70% while eligibles increased by 27%.



An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware

Medicaid expenditures as a proportion of all Delaware expenditures have varied considerably since 1996. Delaware spent \$1.66 billion on Medicaid in fiscal year 2014, of which the Federal government contributed \$1 billion. Currently, Medicaid expenditures are proportionately higher than in recent history, constituting 17% of the state’s total expenditures in fiscal year 2014. However, Delaware’s average is below that found in bordering states and for the U.S. as a whole.

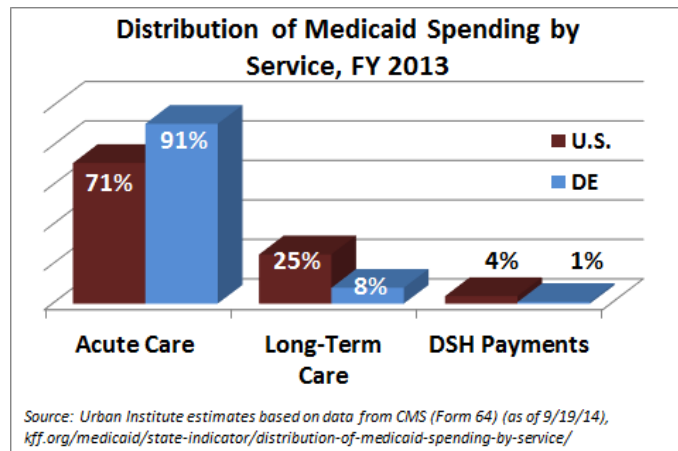


Medicaid Expenditures as a Percent of Total Expenditures, Fiscal Year 2014	
U.S. Average	24.4%
Delaware	17.3%
Maryland	22.3%
New Jersey	21.8%
Pennsylvania	27.7%

Source: National Association of State Budget Officers, State Expenditure Report, 2014

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Medicaid spending by service is depicted below. “Acute care”, receiving the largest percentage of spending, includes capitation payments for managed care organizations, physician visits, hospitalization, prescription drugs, and clinics. “Long-term care” includes long term nursing facilities, intermediate care facilities for individuals with mental disabilities, and home and personal care. “DSH” are disproportionate share hospital payments to hospitals that serve a larger population of low income clients relative to other hospitals in the state. Since this population often includes Medicaid and uninsured clients, hospitals are paid to help cover their loss of revenue.



For more information on expenditures, see the State Expenditure Reports produced by The National Association of State Budget Officers:

- ◆ www.nasbo.org/publications-data/state-expenditure-report

Expenditure and eligible participant data can be found through the Medicaid Statistical Information System State Summary Datamarts:

- ◆ www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Mart-Home.html

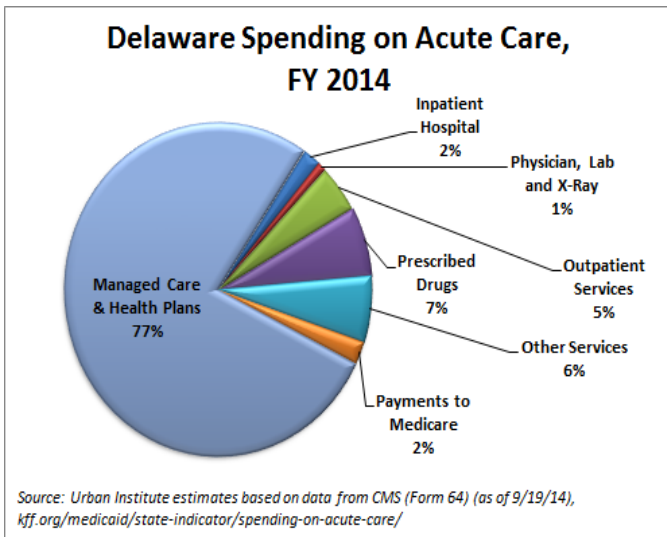
The Henry J. Kaiser Family Foundation also provides valuable information regarding Medicaid:

- ◆ <http://kff.org/>

An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware

The largest discrepancy in acute care spending between the U.S. average and Delaware is the percentage of expenditures incurred by Delaware on managed care and health plans. Delaware spent 25% more on acute care in FY 2014 than the U.S. average while also having a higher percentage of clients in managed care (84%) compared to the U.S. (60%).



Acute Care Service	U.S.	DE
Inpatient Hospital	16%	2%
Physician, Lab and X-Ray	5%	1%
Outpatient Services	8%	5%
Prescribed Drugs	2%	7%
Other Services	13%	6%
Payments to Medicare	4%	2%
Managed Care & Health Plans	52%	77%
TOTAL	100%	100%

Source: Urban Institute estimates based on data from CMS (Form 64) (as of 9/30/14), table located: kff.org/medicaid/state-indicator/spending-on-acute-care/

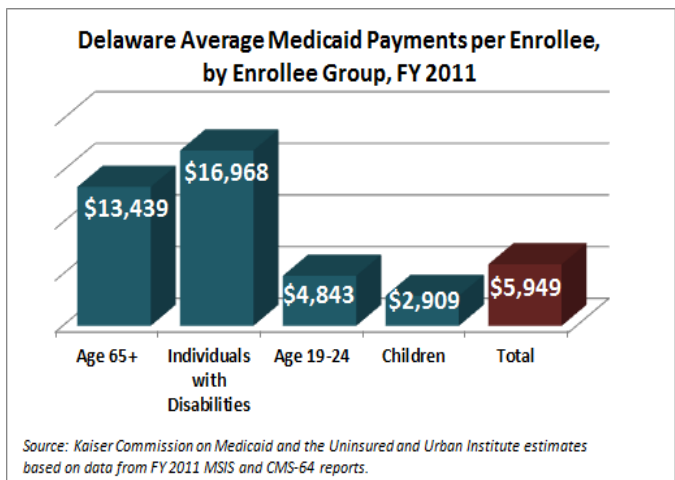
The distribution in spending between the U.S. average and Delaware in fiscal year 2014 is shown below. The two services with the highest expenditures in Delaware were home health and personal care, and Intermediate Care Facilities for the intellectually disabled.

Long Term Care Service	U.S.	DE
Nursing Facilities	42%	1%
Intermediate Care Facility for Intellectually Disabled	9%	22%
Mental Health Facilities	2%	0%
Home Health and Personal Care	47%	78%
TOTAL	100%	100%

Urban Institute estimates based on data from CMS (Form 64) (as of 9/30/14), table located: kff.org/medicaid/state-indicator/spending-on-long-term-care/

Average payments per enrollee for FY 2011, the latest year available, were \$5,949. This is slightly above the national average, but at least \$1,200 less than the surrounding states of Pennsylvania, Maryland, and New Jersey.

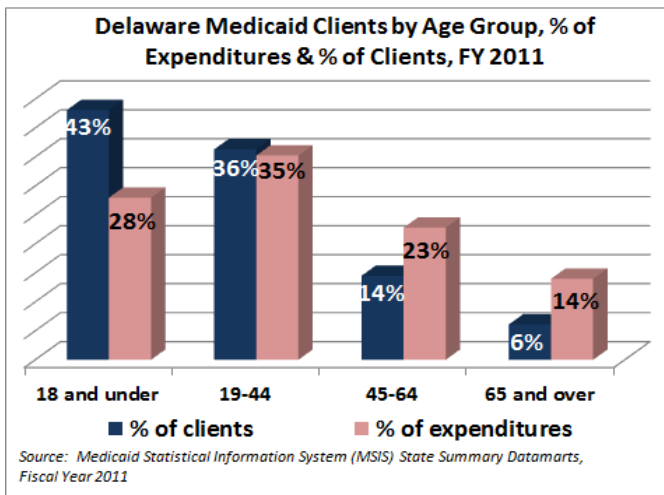
A breakdown of Medicaid payments by enrollee group demonstrates that Delaware spends more, per enrollee, on aged and people with disabilities. Children, with an average payment of \$2,909, incur the lowest per capita expenditures.



An Overview of Medicaid in Delaware

Center for Community Research & Service, University of Delaware

Medicaid payments by age group show that younger adults in Delaware (19-44 years old) account for 36% of all clients, and have a proportionate share of Delaware Medicaid expenditures (35%). While almost half of the Medicaid clients are children, Medicaid expenditures for children are less than one-third (28%) of the total Delaware expenditures.



CHILDREN'S HEALTH INSURANCE PROGRAM

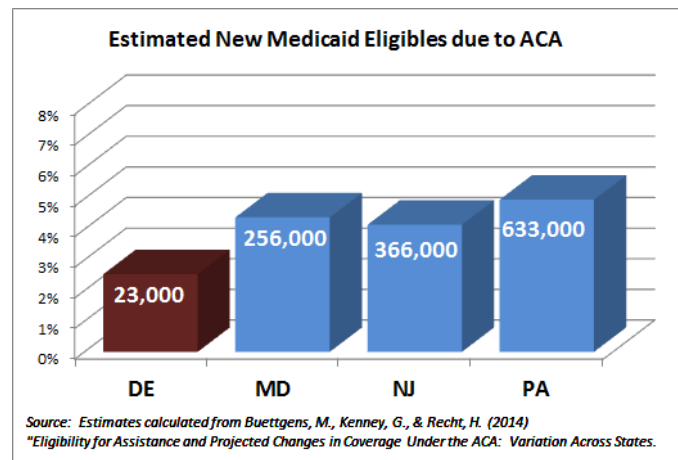
The **Children's Health Insurance Program (CHIP)** was initiated as part of the Balanced Budget Act of 1997. It is a government program that covers children under the age of 19 who are between 133% - 200% of the federal poverty level. In some states CHIP is included in Medicaid while in other states it is a separate program. The federal matching rate under the CHIP program is higher than Medicaid by approximately 15 %.

Delaware's CHIP program is a stand-alone program managed by the Delaware Division of Medicaid & Medical Assistance (DMMA) — the same agency that operates the Medicaid program. Monthly premium payments are \$10, \$15, or \$25 depending upon a family's income. As with Medicaid, CHIP provides the option of three different managed care plans. In FY 2013, over 13,000 children had enrolled in Delaware's CHIP since its inception.

MEDICAID EXPANSION

As noted previously, Medicaid has expanded under the ACA to cover childless adults below 138% of the poverty level. In addition, children now covered under CHIP who are below 133% of the poverty level will be insured through Medicaid. State expenditures on Medicaid coverage have changed; states expanding coverage receive an increased federal matching rate; and children previously insured under CHIP who are now covered under Medicaid receive the same CHIP matching rate.

Due to the ACA, an estimated 23,000 individuals are newly eligible for Medicaid in Delaware. Delaware and its neighboring states have all expanded Medicaid under the ACA.



Contributors:

Steven W. Peuquet, Ph.D., Director, Center for Community Research & Service, speuquet@udel.edu
Mary Joan McDuffie, MA, Policy Scientist, Center for Community Research and Service, mcduffie@udel.edu
Erin Knight, MPH, Ph.D., Healthy Policy Fellow, Center for Community Research & Service, eknight@udel.edu
Kathryn Gifford, PhD, Research Associate, Center for Community Research and Service, katig@udel.edu
Seth Chizeck, Research Assistant, Center for Community Research and Service, schizeck@udel.edu
Gemma Tierney, Research Assistant, Center for Community Research and Service, gtierney@udel.edu

ADVANCE DIRECTIVE PLANNING RESOURCES

- [DMOST Form](#)
- [Delaware Advance Health Care Directives](#)
- [Catholic Advance Medical Directives](#)
- [5 Wishes](#)



DELAWARE MEDICAL ORDERS FOR SCOPE OF TREATMENT (DMOST)

- FIRST, follow the orders below. THEN contact physician or other health[-]care practitioner for further orders, if indicated.
- The DMOST form is voluntary and is to be used by [a] patient with serious illness or frailty whose [health care] practitioner would not be surprised if [they the patient] died [by within] next year.
- Any section not completed requires providing the patient with the full treatment described in that section.
- Always provide comfort measure[s], regardless of the level of treatment chosen.
- The Patient or the Authorized Representative has been given a plain-language explanation of the DMOST form.
- The DMOST form must accompany the patient at all times. It is valid in every health care setting in Delaware.

/ /

Print Patient's Name (last, first, middle) Date of Birth last four digits of SSN

A **Goals of Care** (see reverse for instructions. This section does not constitute a medical order.)



Cardiopulmonary Resuscitation (CPR)

Patient has no pulse and/or is not breathing

- Attempt resuscitation/CPR. Do not attempt resuscitation/DNAR.

C

Medical Interventions: *Patient is breathing and/or has a pulse.*

- Full Treatment:** Use all appropriate medical and surgical interventions, including intubation and mechanical ventilation in an intensive care setting, if indicated to support life. Transfer to a hospital, if necessary.
- Limited Treatment:** Use appropriate medical treatment, such as antibiotics and IV fluids, as indicated. May use oxygen and noninvasive positive airway pressure. Generally avoid intensive care.

- Transfer to hospital for medical interventions.
- Transfer to hospital only if comfort needs cannot be met in current setting.

Treatment of Symptoms Only/Comfort Measures: Use any medications, including pain medication, by any route, positioning, wound care, and other measures to keep clean, warm, dry, and comfortable. Use oxygen, suctioning, and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current [setting location].

Other Orders: _____

D

Artificially Administered Fluids and Nutrition: *Always offer food/fluids by mouth if feasible and desired.*

- Long-term artificial nutrition
- Defined trial period of artificial nutrition: Length of trial: _____ Goal: _____
- No artificial nutrition hydration only none (check one box)

E

Orders Discussed With: Patient _____ ph.# _____

Guardian Surrogate (per DE Surrogacy Statute) _____ Printed Name & phone number

Other Agent under healthcare POA/or AHCD _____

Parent of a minor _____ Signature

Print Name of Authorized Representative Relation to Patient Address Phone #

If I lose capacity, my Authorized Representative may not change or void this DMOST _____
Patient Signature

F

SIGNATURES: Patient/Authorized Representative/Parent (mandatory) *I have discussed this information with my Physician / APRN / PA*

Signature _____ Date _____

If [aA]uthorized [rR]epresentative signs, the medical record must document that a physician has determined the patient's incapacity & the [aA]uthorized [rR]epresentative's authority, in accordance with DE law.

Physician / APRN / PA

Signature _____ Date _____ Time _____

Print Name _____

Print Address _____

License Number _____ Phone # _____

DIRECTIONS FOR HEALTH[-]CARE PROFESSIONALS

COMPLETING A DMOST FORM

- Must be signed by a Licensed Physician, Advance Practice Registered Nurse[,], or Physician's Assistant.
- Use of original form is highly encouraged. Photocopies and faxes of signed DMOST forms are legal and valid.
- Any incomplete section of a DMOST form indicates the patient should get the full treatment described in that section.

REVIEWING A DMOST FORM -- It is recommended that a DMOST form be reviewed periodically, especially when:

- The patient is transferred from one care setting or care level to another,
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

MODIFYING AND VOIDING INFORMATION ON A COMPLETED DMOST FORM

A patient with decision-making capacity can void a DMOST form at any time in any manner that indicates an intent to void.

Any modification to the form voids the DMOST form. A new **[DMOST]** form may be completed with a health care practitioner.

Forms are available online at www.delaware.gov/.

SECTION A This section outlines the specific goals that the patient is trying to achieve by this treatment plan. Health care professionals shall share information regarding prognosis with the patient in order to assist the patient in setting achievable goals. Examples may include:

- Longevity, cure, remission or better quality of life
- To live long enough to attend an important event (wedding, birthday, graduation)
- To live without pain, nausea, shortness of breath or other symptoms
- Eating, driving, gardening, enjoying time with family, or other activities

SECTION B This is a medical order. Mark a selection for the patient's preferences regarding CPR.

SECTION C This is a medical order. When "limited treatment" is selected, also indicate whether the patient prefers or does not prefer transfer to a hospital for additional care.

- IV medication to enhance comfort may be appropriate treatment for a patient who has indicated "symptom treatment only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP) and bi-level positive airway pressure (Bi-PAP).
- The patient will always be provided with comfort measures.
- Patients who are already receiving long-term mechanical ventilation may indicate treatment limitations on the "Other Orders" line.

SECTION D This is medical order. Mark a selection for the patient's preferences regarding nutrition and hydration. Check one box.

- Oral fluids and nutrition should always be offered if feasible and consistent with the goals of care.

SECTION E This section documents with whom the medical orders were discussed, the name of any healthcare professional who assisted in the completion of the **[FF]**orm, the name of any authorized representative and **[whether if]** the authorized representative may not modify/void the **[FF]**orm.

SECTION F To be valid, all information in this section must be completed.

HIPAA PERMITS DISCLOSURE OF DMOST FORMS TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT.

SEND FORM WITH PATIENT WHENEVER MOVED TO A NEW SETTING

Faxed, Copied, or Electronic Versions of the Form are legal and valid.

**Delaware Advance Health
Care Directive**

of

GENERAL INSTRUCTIONS

You should read this form carefully before filling it in. You should fill it in completely. If there are health care decisions you do not want to make, you should strike the wording of that decision rather than leave it blank. You may not change the qualifications for witnesses or agents, even if you cross out the wording. You should write legibly.

After you have filled out the form completely, you should sign the form before a notary public. Although signing before a notary public is not legally required, it is advisable. It is advisable because the notary, as well as your witnesses, can testify as to your competence when you sign the directive, if your competence becomes an issue. Notaries, who are registered with the State, are often easier to locate later than witnesses.

You should retain your original Advance Health care Directive, and give copies to your doctor, agent, spouse, family members, and close friends, if you desire. You should explain to each person who receives a copy of your health care directive what choices you made on the form, and why. This will help if, while you lack competence, there arises a need to make a health care decision that is not explicitly set forth on your advance health care directive form.

This form does not contain all of the types of health care decisions you are legally entitled to make. For example, the form does not give you the opportunity to nominate a guardian, in the event you become incompetent and need one. Also, the form does not give you the opportunity to designate a primary care physician, or another person, to certify that you lack the capacity to make your own decisions on health care. Finally, the form does not include a provision that accommodates a person's religious or moral beliefs. If you would like to exercise these options, you should talk to an attorney. If anything on the form conflicts with your religious beliefs, you should contact your clergy.

PART I. INSTRUCTIONS FOR HEALTH CARE DECISIONS

If you are an adult who is mentally competent, you have the right to accept or refuse medical or surgical treatment, if such refusal is not contrary to existing public health laws. You may give advance instructions for medical or surgical treatment that you want or do not want. These instructions will become effective if you lose the capacity to accept or refuse medical or surgical treatment. You may limit your instructions to take effect only if you are in a specified medical condition. If you give an instruction that you do not want your life prolonged, that instruction will only take effect if you are in a "qualifying condition." A "qualifying condition" is either a terminal condition or permanent unconsciousness.

If you want to give instructions to accept or refuse medical or surgical treatment, you should fill in the spaces on the following page. You may cross out any wording you do not want.

A. END OF LIFE INSTRUCTIONS

1. Choice To Prolong Life

____ I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

OR

2. Choice Not To Prolong Life

I do not want my life to be prolonged if (please check all that apply)

____(i) I have a terminal condition (an incurable condition from which there is no reasonable medical expectation of recovery and which will cause my death, regardless of the use of life-sustaining treatment). In this case, I give the specific directions indicated:

	I want used	I do not want used
Artificial nutrition through a conduit	_____	_____
Hydration through a conduit	_____	_____
Cardiopulmonary resuscitation	_____	_____
Mechanical respiration	_____	_____
Other (explain) _____	_____	_____

____(ii) I become permanently unconscious (a medical condition that has existed at least four (4) weeks and has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, a persistent vegetative state or irreversible coma) and regarding the following, I give the specific directions indicated:

	I want used	I do not want used
Artificial nutrition through a conduit	_____	_____
Hydration through a conduit	_____	_____
Cardiopulmonary resuscitation	_____	_____
Mechanical respiration	_____	_____
Other (explain) _____	_____	_____

B. RELIEF FROM PAIN: Whether I choose A.1 or A.2, or neither, I direct that in all cases I be given all medically appropriate care necessary to make me comfortable and alleviate pain.

C. OTHER MEDICAL INSTRUCTION: If you wish to add to the instructions you have given above, you may do so here.

(use additional sheets if necessary)

PART II: POWER OF ATTORNEY FOR HEALTH CARE

Your agent may make any health care decision that you could have made while you had the capacity to make health care decisions. You may appoint an alternate agent to make health care decisions for you if your first agent is not willing, able and reasonably available to make decisions for you. Unless the persons you name as agent and alternate agent are related to you by blood, neither may own, operate or be employed by any residential long-term care institution where you are receiving care.

If you wish to appoint an agent to make health care decisions for you under these circumstances and conditions, you must fill out the section below. You may cross out any wording you do not want.

A. DESIGNATION OF AGENT: I designate _____ as my agent to make health care decisions for me. If he/she is not living, willing or able, or reasonably available, to make health care decisions for me, then I designate _____ as my agent to make health care decisions for me.

(name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

(name of individual you choose as alternate agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

B. AGENT’S AUTHORITY: I grant to my agent full authority to make decisions for me regarding my health care; provided that, in exercising this authority, my agent shall follow my desires as stated in this document or otherwise known to my agent. Accordingly, my agent is authorized as follows:

1. To consent to, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function;
2. To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;
3. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service;
4. To contract for any health care related service or facility on my behalf, without my agent incurring personal financial liability for such contracts;
5. To hire and fire medical, social service, and other support personnel responsible for my care; and

6. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death.

C. WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE: My agent’s authority becomes effective when my attending physician determines I lack the capacity to make my own health care decisions.

D. AGENT’S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part I of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, health care decisions by my agent shall conform as closely as possible to what I would have done or intended under the circumstances. If my agent is unable to determine what I would have done or intended under the circumstances, my agent will make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

PART III. ANATOMICAL GIFT DECLARATION (Optional)

I hereby make the following anatomical gift(s) to take effect upon my death. The marks in the appropriate squares and words filled into the blanks below indicate my desires:

I give my body; any needed organs or parts;
 the following organs or parts _____

to the physician in attendance at my death; the hospital in which I die;
 the following named physician, hospital, storage bank or other medical institution

for the following purpose(s):
 any purpose authorized by law; transplantation;
 therapy; research;
 medical education.

EFFECT OF COPY: A copy of this form has the same effect as the original.

I understand the purpose and effect of this document.

(date)

(sign your name)

(print your name)

(address)

(city) (state) (zip code)

STATEMENT OF WITNESSES

SIGNED AND DECLARED by the above-named declarant as and for his/her written declaration under 16 Del.C. §§ 2502, 2503, in our presence, who in his/her presence, at his/her

request, and in the presence of each other, have hereunto subscribed our names as witnesses, and state:

- A. The Declarant is mentally competent.
- B. That neither of us is prohibited by §2503 of Title 16 of the Delaware Code from being a witness. Neither of us:
 - 1. Is related to the declarant by blood, marriage or adoption;
 - 2. Is entitled to any portion of the estate of the declarant under any will of the declarant or codicil thereto then existing nor, at the time of the executing of the advance health care directive, is so entitled by operation of law then existing;
 - 3. Has, at the time of the execution of the advance health care directive, a present or inchoate claim against any portion of the estate of the declarant;
 - 4. Has a direct financial responsibility for the declarant's medical care;
 - 5. Has a controlling interest in or is an operator or an employee of a health care institution in which the declarant is a patient or resident; or
 - 6. Is under eighteen years of age.
- C. That if the declarant is a resident of a sanitarium, rest home, nursing home, boarding home or related institution, one of the witnesses, _____, is at the time of the execution of the advance health care directive, a patient advocate or ombudsman designated by the Division of Services for Aging and Adults with Physical Disabilities or the Public Guardian.

Witness

(print name)

(address)

(city, state, zip code)

(signature of witness)

(date)

Witness

(print name)

(address)

(city, state, zip code)

(signature of witness)

(date)

(Optional)

Sworn and subscribed to me this _____ day of _____.

My term expires: _____

(Notary)

CATHOLIC ADVANCE HEALTH CARE DIRECTIVE FOR DELAWARE

Authorized by the Catholic Diocese of Wilmington, September 2005

Instructions for Making this Catholic Advance Health Care Directive with Power of Attorney for Health Care (the “ADVANCE DIRECTIVE”):

1) *Before completing your ADVANCE DIRECTIVE, you should discuss instructions you will include in it with your agent (if any), your doctor, priest, deacon, family members, or others who might become responsible for your care.*

2) *It is recommended that you periodically review this ADVANCE DIRECTIVE with the same people to insure that this directive continues to reflect your intentions.*

3) *If you decide to revoke this ADVANCE DIRECTIVE, make sure that your doctor and any agent you appoint will receive notice of the revocation. Revocation can be by any means, whether orally to someone, by a written revocation or by destroying the original of this ADVANCE DIRECTIVE.*

PREAMBLE

As a Catholic, I believe that life is a precious gift from God, and that He alone has dominion over human life. God has made us stewards of life. Our stewardship requires the use of every reasonable means to protect and preserve life and forbids any action intended to end our own lives or those of other innocent human beings. I believe that euthanasia and all forms of suicide are never morally permissible. For purposes of this ADVANCE DIRECTIVE, euthanasia is defined as an action or omission which of itself or by intention will cause my death for the purpose of eliminating suffering.

PART I. INSTRUCTIONS FOR HEALTH CARE DECISIONS

I understand that I have the right to make my own decisions about my health care. There may come a time when I am unable due to physical or mental incapacity, to express my own health care decisions. In these circumstances, those caring for me will need to turn to someone who knows my values and health care intentions. I am, therefore, signing the attached ADVANCE DIRECTIVE, to provide the guidance and authority needed to implement my wishes.

This ADVANCE DIRECTIVE shall take effect in the event that my attending physician determines that I lack sufficient capacity to make or communicate decisions about my health care. The determination of my medical condition must be confirmed by a second physician with appropriate expertise. To inform those responsible for my care of my specific intentions, I direct that the following health care decisions be implemented.

Medical Treatment Decisions

I desire that all *ordinary* medical interventions (those that are useful and offer a reasonable hope of benefit without causing excessive burdens) be used in my treatment and care. Unless there is a particular reason for doing otherwise, I wish to forgo all *extraordinary* means (those that are futile or that are likely to cause burdens that are disproportionate to any expected benefits). In all circumstances, I oppose any act or omission that of itself or by intention will cause my death,

even for the purpose of eliminating suffering. I direct that all decisions regarding my medical treatment and care be made in accord with Catholic moral teachings as contained in such documents as the following: Pope John Paul II, *Care for Patients in a "Permanent" Vegetative State* (March 20, 2004); Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980); United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (edition current at the time decisions are being made).

Food and Fluids (Nutrition and Hydration)

I wish to receive nutrition and hydration, even if its supply is medically assisted, as long as it effectively sustains my life. If my death is truly imminent, or if my body is unable to assimilate foods and fluids, or if there is some other serious medical problem preventing nourishment, the medically assisted supply of nutrition and hydration may be considered unnecessary and discontinued.

Pain Relieving Medication

If my condition includes physical pain, I wish to receive pain-relieving medication in dosages sufficient to manage the pain. If I am dying and pain management should require increasingly greater dosages of medication, I direct that they be increased in increments sufficient to manage the pain, even if this increase should hasten my death. However, pain medication should not be given to me for the purpose of hastening my death.

Pregnancy

If I am pregnant, I wish that, regardless of my physical or mental condition, every means be taken to sustain and nurture my life and the life of my unborn child until birth, or at least until the child's viability, including medically assisted nutrition and hydration and all other life sustaining procedures.

End of Life

I ask that if I fall terminally ill, I be told of this so that I might prepare myself for death. I request that I be attended by a Catholic priest and be given the opportunity to receive the Sacraments of Penance, the Anointing of the Sick and the Eucharist. If I should be unconscious or otherwise incompetent, I wish the priest to offer the prayers for the dying, and, if appropriate, to administer the Sacrament of the Anointing of the Sick, including Viaticum.

PART II. POWER OF ATTORNEY FOR HEALTH CARE

Your agent may make any health care decision that you could have made while you had the capacity to make health care decisions. You may appoint an alternate agent to make health care decisions if the first agent is not willing, able or reasonably available to make health care decisions for you. Unless the persons you name as agent and alternate agent are related to you by blood, neither may own, operate or be employed by any residential long-term care institution where you are receiving care.

If you wish to appoint an agent to make health care decisions for you under these circumstances and conditions, you must fill out the section below. You may cross out any wording you do not want.

A. DESIGNATION OF AGENT: I hereby designate the following person as my agent to make health care decisions for me. If he/she is not living, willing or able, or reasonably available to

make health care decisions for me, then I designate the next listed person as my alternate agent to make health care decisions for me.

(name of individual you choose as agent)
(address) _____
(city) _____ (state) _____ (zip code) _____
(home phone) _____ (work phone) _____

(name of individual you choose as alternate agent)
(address) _____
(city) _____ (state) _____ (zip code) _____
(home phone) _____ (work phone) _____

B. AGENT’S AUTHORITY: If I am not in a condition to make decisions regarding my health care, I grant to my agent full authority to make such decisions for me; provided that, in exercising this authority, my agent shall follow my intentions as stated in this document or otherwise known to my agent. Accordingly, my agent is authorized as follows:

1. To consent to, refuse, or withdraw consent to any and all types of medical treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function that have become useless or extraordinary;
2. To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;
3. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service;
4. To contract for any health care related service or facility on my behalf, without my agent incurring personal financial liability for such contracts;
5. To hire and fire medical, social service, and other support personnel responsible for my care; and
6. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain directly (even though such use may lead to physical damage, addiction, or hasten the moment of my death as unintended possible side-effects).

C. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my attending physician determines I lack the capacity to make my own health care decisions.

D. AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with the instructions I give in Part I of this form and my other intentions to the extent known to my agent. To the extent my intentions are unknown, health care decisions by my agent shall conform as closely as possible to what I would have done or intended under the circumstances. If my agent is unable to determine what I would have done or intended under the circumstances, my agent will make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest my agent shall at all times consider my Catholic religious values.

E. AUTHORIZATION AND CONSENT UNDER HIPAA: This ADVANCE DIRECTIVE shall constitute my direct authorization and consent under the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations thereunder ("HIPAA"). In addition, I hereby waive all rights to privacy under all federal and state laws and designate my agent as my personal representative, within the meaning of HIPPA, for the purpose of requesting, receiving, using, disclosing, amending or otherwise having access to my personal, individually identifiable health information.

I hereby authorize any health care provider to release to my agent or to any person designated by my agent, all medical records of whatever nature, mental health records, billing statements, radiological films, pathology material, photographs, videos, and other information concerning me. This ADVANCE DIRECTIVE also authorizes any health care provider to speak to and disclose orally, to my agent and any person designated by my agent, any information relating to my diagnosis, care, treatment, prognosis, and opinions with respect to me. It is my express intention that, to the greatest extent permitted by law, the authorization and consent provided herein shall be effective for so long as this ADVANCE DIRECTIVE is effective.

F. EFFECT OF COPY: A copy of this form has the same effect as the original.

STATEMENT OF WITNESSES

SIGNED and DECLARED by the above-named declarant as and for his/her written declaration under 16 *Del.C.* §§2502, 2503, in our presence, who in his/her presence, at his/her request, and in the presence of each other, have hereunto subscribed our names as witnesses, and state:

- A. The Declarant is mentally competent.
- B. That neither of us is prohibited by §2503 of Title 16 of the Delaware Code from being a witness. Neither of us:
 - 1. Is related to the declarant by blood, marriage or adoption;
 - 2. Is entitled to any portion of the estate of the declarant under any will of the declarant or codicil thereto then existing nor, at the time of the

executing of the advance health care directive, is so entitled by operation of law then existing;

- 3. Has, at the time of the execution of the advance health care directive, a present or inchoate claim against any portion of the estate of the declarant;
- 4. Has a direct financial responsibility for the declarant's medical care;
- 5. Has a controlling interest in or is an operator or an employee of a health care institution in which the declarant is a patient or resident; or is under eighteen years of age.

C. That if the declarant is a resident of a sanitarium, rest home, nursing home, boarding home or related institution, one of the witnesses, _____, is at the time of the execution of the advance health care directive, a patient advocate or ombudsman designated by the Division of Services for Aging and Adults with Physical Disabilities or the Public Guardian.

Signed this _____ day of _____, 20__.

(Signature of Declarant)

(Print Name)

(Address)

(City) (State) (Zip Code)

WITNESS:

WITNESS:

(Print Name)

(Print Name)

(Address)

(Address)

(City, State, Zip Code)

(City, State Zip Code)

(Signature of Witness) (Date)

(Signature of Witness) (Date)

NOTARIZATION

(Notarization is recommended, especially for those who might travel to other states, but it is not required by Delaware)

Sworn and subscribed to me this _____ day of _____, 20__

My term expires: _____

(Notary)

CATHOLIC ADVANCE MEDICAL DIRECTIVES

Making Life Decisions

Catholic Dioceses of Arlington and Richmond



Catholic Diocese of Arlington
Office of the Bishop
200 North Glebe Road
Arlington, VA 22203
(703) 841-2511

Catholic Diocese of Richmond
Office of the Bishop
7800 Carousel Lane
Richmond, VA 23294
(804) 622-5251

December 3, 2010

Dear Friends in Christ,

The mystery of suffering, illness and death is a reality that we must face for ourselves and, quite often, with our loved ones. Our faith teaches us, though, that our lives are in the hands of God, and that one day we shall see Him face to face. We know that our lives on earth will not continue forever; yet as believers, we can say with Saint Paul, "Death is swallowed up in victory. O death, where is your victory? O death, where is your sting?" (1 Cor. 15:54-55).

At the same time, making decisions about appropriate medical treatment for ourselves and our loved ones can be stressful and difficult. What kinds of medical treatments and procedures am I morally bound to accept? What treatments may I forgo? In the event I become incapacitated, who should decide about a course of treatment for me?

Our Church's moral teachings address many of the concerns that burden us in our culture of complex medical technology and moral decision-making. Our faith can assist us in making choices that are morally sound and that respect both the goodness of our lives here on earth as well as our vocation to eternal life.

In order to help ease the moral and spiritual concerns that so often arise when dealing with the passage from this life to eternity, our two dioceses, in consultation with moral theologians and persons involved in the healthcare and legal professions, have produced three documents: a short question-and-answer document concerning medical dilemmas and moral decision-making, an Advance Medical Directive, and a piece with pertinent definitions and instructions. We wish to offer these documents as a tangible expression of the Church's maternal concern for those who are facing serious illness. It is our hope that those who make use of these documents find peace of mind and soul in the knowledge that suffering, while a trial, can always become a source of good when united to the suffering of Christ Crucified.

Faithfully in Christ,



Most Reverend Paul S. Loverde
Bishop of Arlington



Most Reverend Francis X. DiLorenzo
Bishop of Richmond

DEFINITIONS AND INSTRUCTIONS FOR CREATING AN ADVANCE MEDICAL DIRECTIVE

A review of concepts used in Catholic moral teaching and important medical and legal terms to assist individuals and families in developing a useful, Christian-based Advance Medical Directive.

Introduction

This section is divided into four parts. Part I (Terms Used in Catholic Moral Teaching) summarizes important concepts used in the moral teachings of the Catholic Church regarding medical decision-making. Part II (Medical Terms) defines common medical terms that you may encounter in the health care setting. Part III (Legal Terms) reviews legal terms that are found in an Advance Medical Directive. Part IV (Instructions) presents general instructions consistent with Catholic teaching on how to create an Advance Medical Directive. A clear understanding of these terms and instructions will assist you in making choices for yourself and/or loved-ones in making decisions on your behalf.

PART I: TERMS USED IN CATHOLIC MORAL TEACHING

Ordinary Means vs. Extraordinary Means

Terms used by the Church to distinguish between those means that we must use to preserve human life (ordinary), and those means that we are not obligated to use (extraordinary). Means that offer no reasonable hope of benefit, are disproportionately burdensome or useless, or later become so, are *extraordinary* and therefore morally optional.^{1,2} The Church teaches that you are only morally obligated to accept or render *ordinary* means of care.^{3,4}

More recently, the Church has used the traditional terms “ordinary” and “extraordinary” interchangeably with the terms “proportionate” and “disproportionate,” as these more modern terms are more precise and practical when weighing the various issues raised by a serious health problem.

Proportionate Means

Measures that provide a reasonable hope of benefit and do not impose excessive burdens on the patient and family.⁵ The Church teaches that such care always includes adequate pain relief, personal cleanliness, a comfortable, safe environment, and the presence of loved ones. These ordinary means are always *proportionate* and therefore obligatory. The provision of nutrition and hydration, even by artificial methods, is considered to be proportionate and therefore morally obligatory except in cases where such provision is useless or imposes an excessive burden.⁶ There are other means, for example medical procedures, which initially may be proportionate but later become disproportionate as circumstances change.^{7,8}

Disproportionate Means

Measures that do not offer a reasonable hope of benefit or that impose excessive burdens on the patient or family. Disproportionate or extraordinary means would be interventions or treatments that are likely to cause harm or undesirable side-effects out of proportion to the benefit they might offer.⁹ The Church states that you or the person designated to make decisions for you may forgo disproportionate or extraordinary means of preserving life.^{10,11,12}

PART II: MEDICAL TERMS

Brain Death

Defined by the medical profession and the Commonwealth of Virginia as the irreversible loss of all brain function, from which recovery is not possible. Brain death can be established with certainty based on strict guidelines that have been established by the neurological profession.¹³ When two physicians confirm a diagnosis of “brain death,” the person is considered medically and legally to be dead. Death is pronounced as having occurred at the point when brain activity ceased, and not necessarily heart-lung activity, so a person can be pronounced dead even if connected to life-support equipment.¹⁴

Coma

Medically defined as an abnormal state of unconsciousness. A person in coma is alive, but lies with the eyes closed and does not meaningfully respond to stimulation.¹⁵ There are variations in the degree of coma. In deep coma, the person may show no reactions of any kind. In lighter stages, sometimes called “semicomatose,” the person may stir or moan to vigorous stimulation. Coma ends with the person either waking up, dying or passing into a *persistent vegetative state*.¹⁶

Persistent Vegetative State (PVS)

Defined medically¹⁷ and legally¹⁸ as a condition where a person has completely lost the ability to think and reason, but retains basic vital bodily functions such as heart function, respiration and blood pressure. The person’s eyes may open, and movements and sleep-wake cycles may occur, but the person cannot speak or obey commands. The person has no self-awareness or awareness of the environment.¹⁹ Because this state is typically due to severe brain damage, improvement in the person’s condition is extremely rare.²⁰

DNR

DNR stands for Do Not Resuscitate, which is a medical order written by a physician that directs cardiopulmonary resuscitation (CPR) be withheld from a patient in the event of cardiac or respiratory arrest. It must be understood that CPR may entail not only giving compressions to the chest but also inserting a breathing tube down the person’s windpipe and connecting the person to a mechanical ventilator, and/or delivering electrical shocks to the heart.²¹

Under Virginia law, a DNR order does not restrict a physician or hospital from providing other medical interventions such as intravenous fluids, oxygen or therapies deemed necessary to provide comfort care or to alleviate pain.²²

Palliative Care

Palliative care, frequently also referred to as “comfort care” or “comfort measures,” means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of a chronic illness

and/or the dying process, rather than investigating and initiating treatment and interventions for the purpose of seeking a cure or prolongation of life.²³

PART III: LEGAL TERMS

Advance Medical Directive

A witnessed legal instrument that makes known what type of health care you would or would not want if you ever become incapacitated and unable to express these wishes yourself. An Advance Medical Directive generally has four sections.

In the first section, called “Appointment of Health Care Agent,” you may name another person or persons to act as your Agent(s) in making health care decisions for you if you become unable to make these decisions yourself because of mental or physical illness or injury.²⁴ In the second section, called “Instructions about my Health Care to my Health Care Agent(s) and All Medical Personnel,” you may state the types of treatment you would or would not want your physician to provide should the situation arise when you are unable to make or communicate treatment decisions for yourself. A part of this section, sometimes called a “Living Will,” specifically addresses your desires regarding what type of care and treatment you would or would not want should you have a terminal condition and your death is imminent. In the third section, you may document your preferences about organ, tissue and eye donation, and appoint an Agent to make organ donation decisions on your behalf following your death. The Advance Medical Directive is completed in the fourth section after you sign the document in the presence of two witnesses.

Under Virginia law, an Advance Medical Directive serves the same or a similar function as other documents called a “Durable Health Care Power of Attorney,” a “Health Care Proxy,” or a “Living Will.”²⁵ Also be aware that even if you do not complete and sign an Advance Medical Directive form, if you are diagnosed with a terminal condition and your death is imminent, the Commonwealth of Virginia will accept an oral statement by you to your physician about what treatment you would or would not want your physician to provide you.

Agent (more precisely “Health Care Agent”)

An adult 18 years of age or older appointed to make health care decisions for another person (called the Declarant in an Advance Medical Directive, see below). A Health Care Agent must also be capable of understanding, making and communicating informed health care decisions to the Declarant’s physicians. The Health Care Agent’s responsibilities on the Declarant’s behalf may include consenting to or refusing medical treatment, authorizing admission to a hospital or mental health facility, transfer to another facility, and making arrangements for organ donation after death.²⁶ Under Virginia law, the Health Care Agent is not allowed to restrict visitors unless you have provided specific instructions in your Advance Medical Directive about visitation at times when you are unable to make decisions on your own behalf.²⁷

Assisted Suicide

A form of euthanasia (defined below) in which a person, including a physician or other medical personnel, provides a lethal substance to or in some way assists a person in taking his or her own life.

Attending Physician

The primary physician who has responsibility for the patient’s health care.

Declarant

The Declarant is the person who is making the Advance Medical Directive for himself or herself. The law states that the Declarant must be 18 years of age or older and be capable of making and communicating an informed decision when creating the Advance Medical Directive.²⁸

Euthanasia (also known as “mercy-killing”)

An action or omission (meaning failing to act) that intentionally causes a person’s death, whether directly or indirectly, for the purpose of eliminating that person’s suffering.

Because it involves the deliberate killing of a human person, euthanasia is always morally unacceptable.²⁹ Euthanasia and any form of mercy-killing, including physician-assisted suicide, is a grave violation of the law of God and completely contrary to our Christian faith.³⁰

Health Care

“Health care” is legally defined as the provision of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability. These services may include but are not limited to giving medications, surgery, blood transfusions, chemotherapy, radiation therapy, psychiatric or other mental health treatments, admission to a hospital, nursing home, assisted living facility or other type of health care facility, and the provision of life-prolonging procedures and palliative care.

Incapable of Making an Informed Decision

(sometimes referred to as being “medically incapacitated”)

The law states that a person is “incapable of making an informed decision” when he or she is unable to understand the nature, extent and probable consequences of a medical recommendation; is unable to make a rational evaluation of the risks and benefits of a proposed medical intervention and weigh it against the risks and benefits of alternatives to that intervention; or is unable to communicate such understanding in any way. The determination that a person is incapable of making an informed decision is made by that person’s attending physician along with a second physician or licensed clinical psychologist who is qualified by training or experience to assess whether a person is capable or incapable of making an informed decision. All of the evaluators must personally examine the person and then certify in writing their findings. This certification is required before a Health Care Agent is given authority to make health care decisions on another’s behalf and before health care is provided, continued, withheld or withdrawn.

The law requires that this assessment be made every 180 days for as long as the person remains incapacitated and health care needs to continue.³¹

Terminal Illness

A medical condition where recovery is not expected and, as defined by the Commonwealth, death is anticipated within six months.³²

It should be noted that the Commonwealth of Virginia has a separate legal definition for “terminal condition”

where terminal condition is more broadly defined as a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and (1) the patient's death is imminent, or (2) the patient is in a persistent vegetative state.³³ This definition is somewhat problematic, both morally and medically, because there are conditions like PVS (defined in Part II) where a person in such a state may neither be terminally ill (that is, death expected within six months) nor imminently dying (that is, death expected in a week or less).

Witness

The witness of an Advance Medical Directive must be a person who is at least 18 years old and may include the spouse or another blood relative of the Declarant. Any physician, health care worker or employee of a hospital or physician's office is allowed to serve as a witness when creating an Advance Medical Directive.³⁴

PART IV: INSTRUCTIONS ³⁵

The Basic Requirements

The process for creating an Advance Medical Directive in Virginia can be fairly simple and only has three essential steps: (1) an adult puts his or her health care wishes in writing, (2) he or she signs it, and (3) the document is signed by two adult witnesses. The person's spouse, other blood relatives, and health care providers are allowed by Virginia law to serve as witnesses.

The Advance Medical Directive document does not need to be notarized or reviewed by an attorney. The Catholic Bishops of Virginia have issued an Advance Medical Directive that you are welcome to use for free. However, no specific written form of an Advance Medical Directive is required under state law in Virginia. The Commonwealth of Virginia also recognizes Advance Medical Directives drawn up in other states, as long as those Directives comply with the laws of the states in which they were created and do not conflict with Virginia law. Lastly, photocopies, faxes, and computer-generated forms (like scanned PDFs) of Advance Medical Directives are all valid in Virginia.

Oral Advance Medical Directives

Typically, Advance Medical Directives should be put into writing, but the Commonwealth of Virginia does accept an oral statement as valid in the specific situation where a person has been diagnosed with a terminal illness and then states his or her treatment preferences to his or her attending physician in the presence of two witnesses.

Choosing a Health Care Agent(s)

You need to think carefully about whom you will choose to be your Agent, because this will be the person who will be entrusted and legally authorized to make health care decisions for you when you become unable to make them for yourself. The person you choose should be mature, 18 years of age or older, generally knowledgeable about your values and wishes, and prepared to follow the moral teachings of the Catholic Church and your health care treatment preferences. The Agent does not need to live in Virginia but at the least needs to be accessible by phone. To avoid conflict, it is usually best to appoint only one person to serve as your Agent, and at the same time, it is important to appoint alternate (successor) Agents (perhaps at least two) in case the primary Agent is unable to serve.

Instructing Health Care Agents and Health Care Providers

As a competent person over the age of 18 residing in the Commonwealth of Virginia, you have the legal right to instruct medical personnel and any court, either directly or through your Health Care Agent, about what health care you will accept or refuse. You have the right to instruct them that you regard food and water (nutrition and hydration) as necessities and not "treatment." You have the right to instruct them that if you are ever diagnosed as being in a persistent vegetative state, you are not, by that fact alone, "terminally ill."

Revocation and Cancellation

You can revoke or cancel your Advance Medical Directive at any time if you are capable of understanding the nature and consequences of your actions. You can revoke your entire Advance Medical Directive or any part of it, leaving the remainder in effect.

The law requires that you inform your attending physician about your revocation. You can cancel your Advance Medical Directive by destroying it yourself or having another destroy it in your presence (if you choose this method, it is best to destroy all known copies), or by orally stating your new wishes (if you choose this method, you should have witnesses sign and date an entry in your medical record), or by signing and dating a new document which again has been properly witnessed. You should also notify in writing any previously appointed Health Care Agent of your cancellation of the Advance Medical Directive.

An Advance Medical Directive cannot be revoked by family members or health care providers. If family members or others disagree with your Advance Medical Directive at a time when you are hospitalized and incapable of making health care decisions, they should be encouraged to contact the hospital's Ethics Committee or they may need to seek legal counsel.

Understanding the Patient Protest Option

This is an optional part of the Advance Medical Directive form. All other parts of the Advance Medical Directive remain in full effect whether you fill out this portion or not. If you choose to fill out this portion, be aware that Virginia law very clearly states that the Patient Protest Option does not involve anything to do with withholding or withdrawing life-prolonging care.

The Patient Protest Option addresses the situation where a patient in an incapacitated state refuses or "protests" being given necessary medical treatment. Ordinarily, unless under court order, a physician is restricted in providing a capable adult patient treatment or health care if the patient "protests" or refuses the treatment. By completing the Patient Protest Option, you are giving your Health Care Agent the authority to consent to or refuse treatment (other than life-prolonging treatment), allowing your physicians to provide or withhold that treatment that you may later protest while being in an incapacitated state.

Signature and Dating

If you are unable to sign and date the Advance Medical Directive document, you may make your mark ("X") on the document in the presence of two witnesses and direct someone 18 years of age or older to date it for you in your presence. The persons who witness your mark or signature should provide their signatures, names, addresses and phone numbers on the document.

GIVE COPIES OF THIS DOCUMENT TO:

- your physician (with a request that it be made part of your medical records);
- your Health Care Agent (and successor Health Care Agents);
- your family;
- your health care facility (or facilities); and
- your lawyer, if you have one.

RISKS OF NOT HAVING AN ADVANCE MEDICAL DIRECTIVE:

- (1) Your specific directions about your own medical treatment may not be known or may be ignored.
- (2) Decisions about your medical treatment may be made by family members other than the person you would have chosen, or by a court or a court-appointed guardian if no family members are available and willing to make your health care decisions.
- (3) Your family will face the burden of making decisions for you without your guidance and, if they cannot agree, the burden of going through court proceedings.

REFERENCES

(Endnotes)

- 1 See Matthew 25:31-46; James 2:14-17.
- 2 Nutrition and Hydration: Moral and Pastoral Reflections, Committee for Pro-Life Activities, National Conference of Catholic Bishops, 24 March 1992 (Washington, D.C., United States Catholic Conference, third printing, 1998), p. 2.
- 3 See Matthew 25:31-46; James 2:14-17.
- 4 Address of Pope Pius XII to the International Congress of Anesthesiologists; Vatican City, November 24, 1957 (*L'Osservatore Romano*; Nov. 25-26, 1957).
- 5 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 56.
- 6 Joint Statement on the Vegetative State: the Pontifical Academy for Life and World Federation of Catholic Medical Associations; Rome, Italy, March 10-17, 2004, no.10; Address of Pope John Paul II to the participants in the International Congress on "Life-sustaining treatments and vegetative state: scientific advancement and ethical dilemmas", March 20, 2004, no. 4.
- 7 Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," Rome, 1980, Part IV.
- 8 Congregation for the Doctrine of the Faith, "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration" together with a commentary prepared by the Congregation, Rome, 2007.
- 9 Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32, 33; Part V, # 57.
- 10 "Declaration on Euthanasia" Part IV.
- 11 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 57.
- 12 Commentary on "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration."
- 13 Practice Parameters for Determining Brain Death, summary statement of the American Academy of Neurology, September 24, 1994 (*Neurology* 1995; 45:1012-1014). Reaffirmed January 13, 2007.
- 14 Health Care Decision Act, Code of Virginia, § 54.1-2972.
- 15 Bradley, Daroff, Fenichel and Marsden, *Neurology in Clinical Practice* (Boston: Butterworth-Heinemann, 2004), p. 45, 62-63.
- 16 Viktor and Adams, *Principles of Neurology*, 6th ed. (New York: McGraw-Hill Inc.1997), p. 365.
- 17 Practice Parameters: Assessment and Management of Patients in the Persistent Vegetative State, Summary Statement of the American Academy of Neurology, 5 May 1995 (*Neurology* 1995; 45: 855-1034). Reaffirmed July 28, 2006.
- 18 Health Care Decision Act, Code of Virginia, § 54.1-2982.
- 19 Bradley, Daroff, Fenichel and Marsden, p. 44.
- 20 Viktor and Adams, *Principles of Neurology*, 6th ed., p.347.
- 21 Health Care Decision Act, Code of Virginia, § 54.1-2987.1.
- 22 Health Care Decision Act, Code of Virginia, § 54.1-2987.1.
- 23 Code of Virginia, § 32.1-162.1.
- 24 Health Care Decision Act, Code of Virginia, § 54.1-2982.
- 25 Health Care Decision Act, Code of Virginia, § 54.1-2981.
- 26 Health Care Decision Act, Code of Virginia, § 54.1-2982.
- 27 Health Care Decision Act, Code of Virginia, § 54.1-2986.
- 28 Health Care Decision Act, Code of Virginia, § 54.1-2982.
- 29 "Declaration on Euthanasia," Part II; Catechism of the Catholic Church, # 1994, 1997, 2277.
- 30 Pope John Paul II, *The Gospel of Life*, #65 (1995).
- 31 Health Care Decision Act, Code of Virginia, § 54.1-2986.
- 32 Coverage for Hospice Care, Code of Virginia, § 38.2-3418.11B.
- 33 Health Care Decision Act, Code of Virginia, § 54.1-2983.
- 34 Health Care Decision Act, Code of Virginia, § 54.1-2982.
- 35 This summary of instructions is for educational purposes only and should not be considered to represent legal advice. Portions of this summary have been adapted from the *Virginia Advance Directives Primer for Providers*, Health Law Section of the Virginia State Bar (Richmond, Virginia), 2009.

ADVANCE MEDICAL DIRECTIVE

I, [print name] _____, being of sound mind, an adult of at least 18 years of age or older, and a resident of the Commonwealth of Virginia, willfully and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows.

- (1) I understand that my Advance Medical Directive may include the selection of an agent in addition to setting forth my choices regarding health care.
- (2) The determination that I am incapable of making an informed decision shall be made by my attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be currently involved in my treatment, unless a second physician or licensed clinical psychologist uninvolved in my treatment is not reasonably available. Such certification shall be required before health care is provided, continued, withheld or withdrawn; before any named agent shall be granted authority to make health care decisions on my behalf; and before, or as soon as reasonably practicable after, health care is provided, continued, withheld or withdrawn and every 180 days thereafter while the need for health care continues.
- (3) If at any time I am determined to be incapable of making an informed decision, I shall be notified, to the extent I am capable of receiving such notice, that such a determination has been made before health care is provided, continued, withheld or withdrawn. Such notice also shall be provided, as soon as practicable, to my named agent or person authorized by §54.1-2986 of the *Code of Virginia* to make health care decisions on my behalf. If I am later determined to be capable of making an informed decision by a physician, in writing, upon personal examination, then any further health care decisions will require my informed consent.
- (4) This Advance Medical Directive shall not terminate in the event of my disability.
- (5) This Advance Medical Directive reflects my wishes, and I ask the medical and legal authorities in every state and country to respect them.
- (6) I intend this Advance Medical Directive to be construed in accordance with my religious beliefs and my basic values and in accordance with the laws of the Commonwealth of Virginia.
- (7) Any prior appointment of a health care agent, including an appointment that may be made in a document called a “living will” or “durable power of attorney for health care” or “health care proxy” is revoked.

Section I: APPOINTMENT OF HEALTH CARE AGENT

A. Appointment of My Health Care Agent

I appoint the following person as my Primary Health Care Agent to make any health care decisions for me as authorized in this Advance Medical Directive consistent with the instructions below:

Name of Primary Health Care Agent (printed): _____

Address (printed): _____

Telephone: _____

If the Primary Health Care Agent I appoint above is not reasonably available or is unable or unwilling to act as my agent, then I appoint, as my First Successor Health Care Agent:

Name of 1st Successor Health Care Agent (printed): _____

Address (printed): _____

Telephone: _____

If neither the Primary Health Care Agent nor the First Successor Health Care Agent I appoint above is reasonably available, or if neither is willing to act as my health care agent, then I appoint, as my Second Successor Agent:

Name of 2nd Successor Health Care Agent (printed): _____

Address (printed): _____

Telephone: _____

B. Powers Granted to My Health Care Agent

I hereby grant to my Health Care Agent, named above, full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision about providing, withholding or withdrawing medical treatment.

The powers of my Health Care Agent shall include the following:

- (1) To visit me in any institution to which I have been transported for emergency care or admitted for inpatient or outpatient health care, and to authorize visitation subject to physician orders and policies of the institution to which I have been transported or admitted.
- (2) To consent to, refuse, or withdraw any type of health care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function consistent with my instructions below.
- (3) To request, receive and review any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of this information.
- (4) To employ and discharge my health care providers.
- (5) To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, other health care facility, or mental health facility.
- (6) To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided that I do not protest the admission and provided that a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.
- (7) To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to health care providers.

- (8) To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me, or if the study aims to increase scientific understanding of any condition, even though it offers no prospect of direct benefit to me.

C. Duration and Scope of Agent's Authority

- (1) My Health Care Agent's authority hereunder is effective as long as I am incapable of making an informed decision.
- (2) In exercising the power to make health care decisions on my behalf, my Health Care Agent shall follow my desires and preferences as stated in this document or in matters not addressed by my instructions in this document, as otherwise known to my agent. My Health Care Agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks, side effects, benefits and alternatives associated with treatment or non-treatment. My Health Care Agent shall not authorize a course of treatment which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing.
- (3) My Agent shall not be liable for the costs of treatment pursuant to my Agent's authorization, based solely on that authorization.
- (4) My Agent shall have the continued authority to serve as my Agent even in the event that I protest the Agent's authority after I have been determined to be incapable of making an informed decision.

SECTION II: INSTRUCTIONS ABOUT MY HEALTH CARE TO MY HEALTH CARE AGENT(S) AND ALL MEDICAL PERSONNEL

A. General Instructions: A Presumption for Life

- (1) My desires and preferences are grounded in the Judeo-Christian moral tradition, which views human life as a gift of a loving God. This tradition further respects the life of each and every human being because each human being is made in the image and likeness of God and therefore it has a special value and significance.
- (2) I believe that I have come from God and will return to God – in God's time and in God's way, not mine.
- (3) As a member of the Catholic Church, I wish to follow the moral teachings of the Church, or though not a member of the Catholic Church, I nonetheless direct my Health Care Agent to adhere to the moral teachings of the Catholic Church when making health care decisions on my behalf. I wish to receive all the obligatory care that my faith teaches we have a duty to accept. I also believe that Jesus has conquered sin so that death has lost its sting (1 Cor. 15:55) and that death need not be resisted by any and every means and that I have the right to refuse medical treatment that is excessively burdensome and would only prolong my death. I also know that I may morally receive medication to relieve pain even if it is foreseen that its use may have the unintended result of shortening my life. I direct that those caring for me avoid doing anything which is contrary to the moral teachings of the Catholic Church. Those making decisions on my behalf shall be guided by the moral teachings of the Catholic Church, including the teachings contained in the Virginia bishops' question-and-answer guide entitled *Medical Dilemmas and Moral Decision-Making* and the authoritative Church references cited in that document. If my health care providers are unfamiliar with such teachings or authoritative Church references, I request that a certified Catholic chaplain or a Catholic priest be consulted to provide guidance.

- (4) I consider food (nutrition) and water (hydration), even when provided by artificial means, always to be a natural and, in principle, ordinary and proportionate means of preserving life, not medical or therapeutic acts. I direct my Health Care Agent to authorize and my health care providers to provide food and fluids orally, intravenously, by tube, or by other means to the full extent necessary both to preserve my life and to assure me the optimal health possible, unless or until the benefits of such nutrition and hydration are clearly outweighed by a definite danger or burden, or are useless in achieving their intended outcome.
- (5) I reject in any situation any treatment that directly uses an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who is a product of an induced abortion.
- (6) I reject in any situation any treatments that use an organ or tissue of another person obtained in a manner that directly causes, contributes to, or hastens that person's death.
- (7) It is my intention that the instructions in this document are to be followed even if it is alleged that I have attempted suicide at some point after it is signed.
- (8) I direct that medical treatment and health care be provided to me to preserve my life without discrimination based on my age, physical or mental disability, or the actual or anticipated "quality" of my life.
- (9) I direct that my life not be ended by assisted suicide or euthanasia, the latter meaning an action or omission that would directly and intentionally cause my death.

B. Particular Instructions Concerning Life-Prolonging Treatment

When I am in the final stages of a terminal illness or injury or when my death is imminent, I ask that I be informed of this so that I may prepare myself for death. Furthermore, I request (initial each item you request):

- _____ That I be attended by a Catholic priest and be provided the opportunity to receive the Sacraments of the Church (Reconciliation, Holy Eucharist and the Anointing of the Sick) if I am Catholic.
- _____ To the degree possible, that all reasonable steps be taken to allow me to see my family and to reconcile with anyone from whom I may have become estranged.
- _____ To the degree possible, that I be permitted to die at home or in a hospice that has the appearance of a home setting.

After reasonable efforts have been made to satisfy my requests as confirmed above, I direct the following (initial only ONE choice):

- _____ That the application of all life-prolonging procedures (including artificial respiration, cardiopulmonary resuscitation and invasive procedures) which would serve only to artificially prolong the dying process be withdrawn or withheld, and that I be permitted to die naturally with only the administration of medications and the performance of medical procedures deemed necessary to ensure my comfort and alleviate pain.

OR

_____ That all treatments to prolong my life as long as reasonably possible within the limits of generally accepted health care standards be continued.

OR

_____ That I choose to provide no written guidelines and direct my Health Care Agent to make end-of-life decisions based on my known values and wishes.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this Advance Medical Directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal. In all cases, I direct that decisions about my medical treatment and health care be made in accordance with Catholic moral teachings.

C. Additional Health Care Instructions for Women

If I am pregnant, I direct that, regardless of my physical or mental condition, all medically indicated procedures, including medically assisted nutrition and hydration, be provided to sustain my life and the life of my unborn child until birth or at least until the child's viability is attained. No one is authorized to consent to any treatment or procedure for me whose sole immediate and directly intended effect is the termination of my pregnancy before the viability of my unborn child is attained.

I understand that I may morally accept or refuse operations, medications and forms of treatment that have as their direct purpose the cure of a serious pathological condition when these interventions cannot be safely postponed until the viability of my unborn child is attained, even if such interventions indirectly result in the death of my child. If I am determined to be incapable of providing consent for such interventions, I (initial ONE choice):

_____ Grant the authority to my Health Care Agent to consent to or refuse such interventions.

_____ Do not grant the authority to my Health Care Agent to consent to or refuse such interventions.

SECTION III: APPOINTMENT OF AN AGENT TO MAKE AN ANATOMICAL GIFT OR ORGAN, TISSUE OR EYE DONATION (This Section is Optional)

(CROSS THROUGH THIS SECTION IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE AN ANATOMICAL GIFT OR ANY ORGAN, TISSUE OR EYE DONATION FOR YOU.)

1. Legal Authorization. Upon my certain death, I direct that an anatomical gift of all of my body or certain organ, tissue or eye donations shall be made pursuant to Article 2 (§ 32.1-289 et seq.) of Chapter 8 of Title 32.1 of the Code of Virginia and in accordance with my directions below.

2. Appointment of Agent (initial ONE choice):

_____ the same Agent (and successor Agents) named in SECTION I above.

OR

ADVANCE MEDICAL DIRECTIVE

_____ I hereby appoint the following person as my Agent to make such anatomical gift or organ, tissue or eye donation following my certain death:

Name of my Agent for this purpose (printed): _____

Address (printed): _____

Telephone: _____

3. Directions to Agent [Optional]: I give the following instructions regarding my anatomical gift or organ, tissue or eye donation:

4. No ovum or sperm shall be extracted – from my anatomical gift, from my organ or tissue donation, or as a tissue donation – for the purpose of creating an embryo.

SECTION IV: AFFIRMATION AND RIGHT TO REVOKE

By signing below, I state that I am emotionally and mentally capable of making this Advance Medical Directive and that I understand the purpose and effect of this document. I understand that I may revoke all or any part of this document at any time (i) with a signed, dated writing; (ii) by physical cancellation or destruction of this Advance Medical Directive by myself or by directing someone else to destroy it in my presence; or (iii) by my oral expression of intent to revoke.

Copies of this document carry the full force and authority as the original. The original of this document is in the possession of or can be found at [print name or specify location where original document can be found]:

SIGNATURE AND WITNESSES:

Signature of Declarant

Date

The declarant is at least 18 years of age and voluntarily dated and signed the foregoing Advance Medical Directive in my presence, without any appearance of being under duress, undue influence or fraud.

(Witness)

(Witness)

ADVANCE MEDICAL DIRECTIVE SUPPLEMENT FOR MENTAL HEALTH CARE

PATIENT PROTEST TREATMENT OPTION (This Section is Optional)

This Section includes my specific instructions about my health care if I am objecting to health care that my Health Care Agent and my physician believe I need. *(VIRGINIA LAW CLEARLY STATES THAT NOTHING IN THIS SECTION CAN BE USED TO AUTHORIZE ANYONE TO MAKE ANY DECISION THAT INVOLVES THE WITHDRAWAL OR WITHHOLDING OF LIFE-PROLONGING TREATMENT.)*

To complete this Section, you will need the signature of your physician or clinical psychologist certifying that you are capable of making an informed decision and that you understand the consequences of this provision **at the time you execute (sign) the advance directive**. This is the only Section in the Advance Medical Directive that requires a signature from a physician or a licensed clinical psychologist. A physician’s signature is not required for any other portion of this document; all other portions of this Advance Medical Directive are in full effect with or without a physician’s signature.

SPECIAL POWERS OF MY AGENT TO AUTHORIZE HEALTH CARE OVER MY OBJECTION

I, (print name) _____ give my Health Care Agent the power to authorize my physicians to provide me the specific types of medically necessary treatment and health care authorized below **even over my protest (initial each item you authorize)**:

- _____ To authorize my admission to a health care facility for the treatment of mental illness as permitted by law, even if I object.
- _____ To authorize other health care that is permitted by law and that my Health Care Agent and my physician believe I need, even if I object. This would include **any** type of health care unless I have indicated otherwise by my specific instructions written in this document, in my Advance Medical Directive, or in the space below.

I do not authorize the following specific types of health care: _____

ADDITIONAL MENTAL HEALTH CARE INSTRUCTIONS, IF ANY

If you want to give additional instructions about your mental health care, you may do so here. You may use this section to direct your mental health care even if you do not have an Agent. If you do not give specific instructions, your mental health care will be based, to the extent allowed by law, on your wishes and values if known, or otherwise on your best interest.

A. I specifically direct that I receive the following mental health care if it is medically appropriate:

B. I specifically direct that I not receive the following mental health care:

ADVANCE MEDICAL DIRECTIVE

TO GIVE YOUR AGENT ANY OF THE POWERS SET FORTH ABOVE, YOUR PHYSICIAN OR LICENSED CLINICAL PSYCHOLOGIST MUST SIGN THE STATEMENT BELOW.

I am a physician or licensed clinical psychologist familiar with the person who has made this Advance Medical Directive Supplement for Mental Health Care. I attest that he or she is presently capable of making an informed decision and that he or she understands the consequences of the special powers given to his/her Agent by this Supplement.

Physician or Licensed Clinical Psychologist (Printed Name and Address)

Signature of Physician or Licensed Clinical Psychologist

Date

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I affirm that I understand this Advance Medical Directive Supplement for Mental Health Care and that I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

Signature of Declarant

Date

NOTE: THIS ADVANCE MEDICAL DIRECTIVE SUPPLEMENT FOR MENTAL HEALTH CARE SHOULD BE KEPT WITH YOUR GENERAL ADVANCE MEDICAL DIRECTIVE.

For copies, comments or clarifications, contact:

Respect Life Office

Diocese of Arlington

200 North Glebe Road, Suite 523

Arlington, Virginia 22203

(703) 841-3817

respectlife@arlingtondiocese.org

Catholic Dioceses of Arlington and Richmond

FIVE WISHES[®]

MY WISH FOR:

1 The Person I Want to Make Care Decisions for Me When I Can't

2 The Kind of Medical Treatment I Want or Don't Want

3 How Comfortable I Want to Be

4 How I Want People to Treat Me

5 What I Want My Loved Ones to Know

print your name

birthdate

Five Wishes

There are many things in life that are out of our hands. This Five Wishes document gives you a way to control something very important—how you are treated if you get seriously ill. It is an easy-to-complete form that lets you say exactly what you want. Once it is filled out and properly signed it is valid under the laws of most states.

What Is Five Wishes?

Five Wishes is the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes. It lets you choose the person you want to make health care decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be

treated if you get seriously ill. It was written with the help of The American Bar Association's Commission on Law and Aging, and the nation's leading experts in end-of-life care. It's also easy to use. All you have to do is check a box, circle a direction, or write a few sentences.

How Five Wishes Can Help You And Your Family

- It lets you talk with your family, friends and doctor about how you want to be treated if you become seriously ill.
- Your family members will not have to guess what you want. It protects them if you become seriously ill, because they won't have to make hard choices without knowing your wishes.
- You can know what your mom, dad, spouse, or friend wants. You can be there for them when they need you most. You will understand what they really want.

How Five Wishes Began

For 12 years, Jim Towey worked closely with Mother Teresa, and, for one year, he lived in a hospice she ran in Washington, DC. Inspired by this first-hand experience, Mr. Towey sought a way for patients and their families to plan ahead and to cope with serious illness. The result is Five Wishes and the response to it has been

overwhelming. It has been featured on CNN and NBC's Today Show and in the pages of *Time* and *Money* magazines. Newspapers have called Five Wishes the first "living will with a heart and soul." Today, Five Wishes is available in 27 languages.

Who Should Use Five Wishes

Five Wishes is for anyone 18 or older — married, single, parents, adult children, and friends. More than 19 million people of all ages have already used it. Because it

works so well, lawyers, doctors, hospitals and hospices, faith communities, employers, and retiree groups are handing out this document.

Five Wishes States

If you live in the **District of Columbia** or one of the **42 states** listed below, you can use Five Wishes and have the peace of mind to know that it substantially meets your state's requirements under the law:

Alaska	Illinois	Montana	South Carolina
Arizona	Iowa	Nebraska	South Dakota
Arkansas	Kentucky	Nevada	Tennessee
California	Louisiana	New Jersey	Vermont
Colorado	Maine	New Mexico	Virginia
Connecticut	Maryland	New York	Washington
Delaware	Massachusetts	North Carolina	West Virginia
Florida	Michigan	North Dakota	Wisconsin
Georgia	Minnesota	Oklahoma	Wyoming
Hawaii	Mississippi	Pennsylvania	
Idaho	Missouri	Rhode Island	

If your state is not one of the 42 states listed here, Five Wishes does not meet the technical requirements in the statutes of your state. So some doctors in your state may be reluctant to honor Five Wishes. However, many people from states not on this list do complete Five Wishes along with their state's legal form. They find that Five Wishes helps them express all that they want and provides a helpful guide to family members, friends, care givers and doctors. Most doctors and health care professionals know they need to listen to your wishes no matter how you express them.

How Do I Change To Five Wishes?

You may already have a living will or a durable power of attorney for health care. If you want to use Five Wishes instead, all you need to do is fill out and sign a new Five Wishes as directed. As soon as you sign it, it takes away any advance directive you had before. To make sure the right form is used, please do the following:

- Destroy all copies of your old living will or durable power of attorney for health care. Or you can write "revoked" in large letters across the copy you have. Tell your lawyer if he or she helped prepare those old forms for you. **AND**
- Tell your Health Care Agent, family members, and doctor that you have filled out a new Five Wishes. Make sure they know about your new wishes.

WISH 1

The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- My attending or treating doctor finds I am no longer able to make health care choices, AND
- Another health care professional agrees that this is true.

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

The Person I Choose As My Health Care Agent Is:

First Choice Name

Phone

Address

City/State/Zip

If this person is not able or willing to make these choices for me, OR is divorced or legally separated from me, OR this person has died, then these people are my next choices:

Second Choice Name

Third Choice Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Picking The Right Person To Be Your Health Care Agent

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect

and follow your wishes. Your Health Care Agent should be at least 18 years or older (in Colorado, 21 years or older) and should not be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee or spouse of an employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: (Please cross out anything you don't want your Agent to do that is listed below.)

- Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped.
- Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values.
- Consent to admission to an assisted living facility, hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed.
- Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive.
- See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me.
- Move me to another state to get the care I need or to carry out my wishes.
- Authorize or refuse to authorize any medication or procedure needed to help with pain.
- Take any legal action needed to carry out my wishes.
- Donate useable organs or tissues of mine as allowed by law.
- Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms.
- Listed below are any changes, additions, or limitations on my Health Care Agent's powers.

If I Change My Mind About Having A Health Care Agent, I Will

- Destroy all copies of this part of the Five Wishes form. *OR*
- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. *OR*
- Write the word "Revoked" in large letters across the name of each agent whose authority I want to cancel. Sign my name on that page.

WISH 2

My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

What "Life-Support Treatment" Means To Me

Life-support treatment means any medical procedure, device or medication to keep me alive.

Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics;

and anything else meant to keep me alive.

If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below.

I do this to make very clear what I want and under what conditions.

In Case Of An Emergency

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a **Do Not Resuscitate** form or bracelet. Many states require a person to have a **Do Not Resuscitate** form filled out and

signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a **Do Not Resuscitate** form filled out.

Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.

Close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

In A Coma And Not Expected To Wake Up Or Recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

Permanent And Severe Brain Damage And Not Expected To Recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

In Another Condition Under Which I Do Not Wish To Be Kept Alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write "end-stage condition." That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

The next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

WISH 3

My Wish For How Comfortable I Want To Be.

(Please cross out anything that you don't agree with.)

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well-loved poems read aloud when I am near death.
- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.

WISH 4

My Wish For How I Want People To Treat Me.

(Please cross out anything that you don't agree with.)

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.
- I want to die in my home, if that can be done.

WISH 5

My Wish For What I Want My Loved Ones To Know.

(Please cross out anything that you don't agree with.)

- I wish to have my family and friends know that I love them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for all of my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.
- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.
- After my death, I would like my body to be (circle one): buried or cremated.
- My body or remains should be put in the following location _____.
- The following person knows my funeral wishes: _____.

If anyone asks how I want to be remembered, please say the following about me:

If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. You may also wish to designate a charity to receive memorial contributions. Please attach a separate sheet of paper if you need more space.)

Signing The Five Wishes Form

Please make sure you sign your Five Wishes form in the presence of the two witnesses.

I, _____, ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care Agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any health care advance directives I have made before.

Signature: _____

Address: _____

Phone: _____ Date: _____

Witness Statement • (2 witnesses needed):

I, the witness, declare that the person who signed or acknowledged this form (hereafter "person") is personally known to me, that he/she signed or acknowledged this [Health Care Agent and/or Living Will form(s)] in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and am NOT:

- The individual appointed as (agent/proxy/surrogate/patient advocate/representative) by this document or his/her successor,
- The person's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,
- An employee of the person's health care provider,
- Financially responsible for the person's health care,
- An employee of a life or health insurance provider for the person,
- Related to the person by blood, marriage, or adoption, and,
- To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

(Some states may have fewer rules about who may be a witness. Unless you know your state's rules, please follow the above.)

Signature of Witness #1

Signature of Witness #2

Printed Name of Witness

Printed Name of Witness

Address

Address

Phone

Phone

Notarization • Only required for residents of Missouri, North Carolina, South Carolina and West Virginia

- If you live in Missouri, only your signature should be notarized.
- If you live in North Carolina, South Carolina or West Virginia, you should have your signature, and the signatures of your witnesses, notarized.

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, the said _____, _____, and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires: _____

Notary Public

What To Do After You Complete Five Wishes

- Make sure you sign and witness the form just the way it says in the directions. Then your Five Wishes will be legal and valid.
- Talk about your wishes with your health care agent, family members and others who care about you. Give them copies of your completed Five Wishes.
- Keep the original copy you signed in a special place in your home. Do NOT put it in a safe deposit box. Keep it nearby so that someone can find it when you need it.
- Fill out the wallet card below. Carry it with you. That way people will know where you keep your Five Wishes.
- Talk to your doctor during your next office visit. Give your doctor a copy of your Five Wishes. Make sure it is put in your medical record. Be sure your doctor understands your wishes and is willing to follow them. Ask him or her to tell other doctors who treat you to honor them.
- If you are admitted to a hospital or nursing home, take a copy of your Five Wishes with you. Ask that it be put in your medical record.
- I have given the following people copies of my completed Five Wishes:

Residents of WISCONSIN must attach the WISCONSIN notice statement to Five Wishes.

More information and the notice statement are available at www.agingwithdignity.org or 1-888-594-7437.

Residents of Institutions In CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA, and VERMONT Must Follow Special Witnessing Rules.

If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special “witnessing requirements” for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

Five Wishes Wallet Card

Important Notice to Medical Personnel:
I have a Five Wishes Advance Directive.

Signature _____

Please consult this document and/or my Health Care Agent in an emergency. My Agent is:

Name _____

Address _____ City/State/Zip _____

Phone _____

My primary care physician is:

Name _____

Address _____ City/State/Zip _____

Phone _____

My document is located at:

Cut Out Card, Fold and Laminate for Safekeeping

Here's What People Are Saying About Five Wishes:

"It will be a year since my mother passed on. We knew what she wanted because she had the Five Wishes living will. When it came down to the end, my brother and I had no questions on what we needed to do. We had peace of mind."

Cheryl K.
Longwood, Florida

"I must say I love your Five Wishes. It's clear, easy to understand, and doesn't dwell on the concrete issues of medical care, but on the issues of real importance—human care. I used it for myself and my husband."

Susan W.
Flagstaff, Arizona

"I don't want my children to have to make the decisions I am having to make for my mother. I never knew that there were so many medical options to be considered. Thank you for such a sensitive and caring form. I can simply fill it out and have it on file for my children."

Diana W.
Hanover, Illinois

To Order:

Call (888) 5-WISHES to purchase more copies of Five Wishes, the Five Wishes DVD, or Next Steps guides. Ask about the "Family Package" that includes 10 Five Wishes, 2 Next Steps guides and 1 DVD at a savings of more than 50%. For more information visit Aging with Dignity's website, or call for details.

(888) 5-WISHES or (888) 594-7437

www.agingwithdignity.org



P.O. Box 1661
Tallahassee, Florida 32302-1661

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BYLAWS

- Articles of Incorporation



NON-PROFIT BYLAWS OF ADVANCED DIRECTIVE

PREAMBLE

The following Bylaws shall be subject to, and governed by, the Non-Profit Corporation Act of Delaware and the Articles of Incorporation of Advanced Directive. In the event of a direct conflict between the herein contained provisions of these Bylaws and the mandatory provisions of the Non-Profit Corporation Act of Delaware, said Non-Profit Corporation Act shall be the prevailing controlling law. In the event of a direct conflict between the provisions of these Bylaws and the Articles of Incorporation of Corporation/Organization, it shall then be these Bylaws which shall be controlling.

ARTICLE 1 – NAME

The legal name of the Non-Profit Corporation/Organization shall be known as Advanced Directive, and shall herein be referred to as the "Corporation/Organization."

ARTICLE 2 – PURPOSE

The general purposes for which this Corporation/Organization has been established are as follows:

The purpose for which the Non-Profit Corporation is formed is set forth in the attached Articles of Incorporation.

The Corporation/Organization is established within the meaning of IRS Publication 557 Section 501(c)(3) Organization of the Internal Revenue Code of 1986, as amended (the "Code") or the corresponding section of any future federal tax code and shall be operated exclusively for education and advocacy for advanced healthcare directive planning and assignment of healthcare proxy for frail seniors. assist elderly in maintaining independence at home through case management. support in least institutionalized placement while maintaining independence. faith based approach to palliative and end of life planning. .

In addition, this Corporation/Organization has been formed for the purpose of performing all things incidental to, or appropriate in, the foregoing specific and primary purposes. However, the Corporation/Organization shall not, except to an insubstantial degree, engage in any activity or the exercise of any powers which are not in furtherance of its primary non-profit purposes.

The Corporation/Organization shall hold and may exercise all such powers as may be conferred upon any nonprofit organization by the laws of the State of Delaware and as may be necessary or expedient for the administration of the affairs and attainment of the purposes of the Corporation/Organization. At no time and in no event shall the Corporation/Organization participate in any activities which have not been permitted to be carried out by a Corporation/Organization exempt under Section 501(c) of the Internal Revenue Code of 1986 (the "Code").

ARTICLE 3 – OFFICES

The principal office of the Corporation/Organization shall be located at 300 Delaware Avenue – Suite 210-A New Castle County city of Wilmington, Delaware 19801 registered agent in charge thereof is United States Corporation Agents, Inc . Mailing Address is: PO Box 1413 – Hockessin, DE 19707

The Corporation/Organization may have other such offices as the Board of Directors may determine or deem necessary, or as the affairs of the Corporation/Organization may find a need for from time to time.

ARTICLE 4 – DEDICATION OF ASSETS

The properties and assets of the Corporation/Organization are irrevocably dedicated to and for non-profit purposes only. No part of the net earnings, properties, or assets of this Corporation/Organization, on dissolution or otherwise, shall inure to the benefit of any person or any member, director, or officer of this Corporation/Organization. On liquidation or dissolution, all remaining properties and assets of the Corporation/Organization shall be distributed and paid over to an organization dedicated to non-profit purposes which has established its tax-exempt status pursuant to Section 501(c) of the Code.

ARTICLE 5 – BOARD OF DIRECTORS

General Powers and Responsibilities

The Corporation/Organization shall be governed by a Board of Directors (the "Board"), which shall have all the rights, powers, privileges and limitations of liability of directors of a non-profit corporation organized under the Non-Profit Corporation Act of Delaware. The Board shall establish policies and directives governing business and programs of the Corporation/Organization and shall delegate to the Executive Director and Corporation/Organization staff, subject to the provisions of these Bylaws, authority and responsibility to see that the policies and directives are appropriately followed.

Number and Qualifications

The Board shall have up to 5, but no fewer than 3, Board members. The number of Board members may be increased beyond 5 members or decreased to less than 3 members by the affirmative vote of a simple majority of the then serving Board of Directors. A Board member need not be a resident of the State of Delaware.

In addition to the regular membership of the Board, representative of such other organizations or individuals as the Board may deem advisable to elect shall be *Ex-Officio Board Members*, which will have the same rights and obligations, including voting power, as the other directors.

Board Compensation

The Board shall receive no compensation other than for reasonable expenses. However, provided the compensation structure complies with Sections relating to "Contracts Involving Board Members and/or Officers" as stipulated under these Bylaws, nothing in these Bylaws shall be construed to preclude any Board member from serving the Corporation/Organization in any other capacity and receiving compensation for services rendered.

Board Elections

The Governance Committee shall present nomination for new and renewing Board members at the board meeting immediately preceding the beginning of the next fiscal year. Recommendations from the Governance Committee shall be made known to the Board in writing before nominations are made and voted on. New and renewing Board members shall be approved by a majority of those Board members at Board meeting at which a quorum is present.

Term of Board

All appointments to the Board shall be for a term of 3 year(s). No person shall serve more than 4 consecutive terms unless a majority of the Board, during the course of a Board meeting at which a quorum is present, votes to appoint a Board member to 2 additional year(s). No person shall serve more than 15 consecutive years. After serving the maximum total number of consecutive years on the Board, a member may be eligible for reconsideration as a Board member after 1 years have passed since the conclusion of such Board member's service.

Vacancies

A vacancy on the Board of Directors may exist at the occurrence of the following conditions:

- a) The death, resignation, or removal of any director;
- b) The declaration by resolution of the Board of a vacancy in the office of a director who has been declared of unsound mind by a final order of court, convicted of a felony, found by final order or judgment of any court to have breached a duty pursuant to the Corporation Code and/or Act of the law dealing with the standards of conduct for a director, or has missed 3 consecutive meetings of the Board of Directors, or a total of 4 meetings of the Board during any one calendar year;
- c) An increase in the authorized number of directors; or
- d) The failure of the directors, at any annual or other meeting of directors at which director(s) are to be elected, to elect the full authorized number of directors.

The Board of Directors, by way of affirmative vote of a majority of the directors then currently in office, may remove any director without cause at any regular or special meeting, provided that the director to be removed has been notified in writing in the manner set forth in Article 5 – Meetings that such action would be considered at the meeting.

Except as provided in this paragraph, any director may resign effective upon giving written notice to the chair of the Board, the president of Corporation/Organization, the secretary of Corporation/Organization, or the Board of Directors, unless the notice specifies a later time for the effectiveness of the resignation. If the resignation is effective at a future time, a successor may be designated to take office when the resignation becomes effective. Unless the Attorney General of Delaware is first notified, no director may resign when the Corporation/Organization would then be left without a duly elected director in charge of its affairs.

Any vacancy on the Board may be filled by vote of a simple majority of the directors then in office, whether or not the number of directors then in office is less than a quorum, or by vote of a sole remaining director. No reduction of the authorized number of directors shall have the effect of removing any director before that director's term of office expires.

A Board member elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office.

Resignation

Each Board member shall have the right to resign at any time upon written notice thereof to the Chair of the Board, Secretary of the Board, or the Executive Director. Unless otherwise specified in the notice, the resignation shall take effect upon receipt thereof, and the acceptance of such resignation shall take effect upon receipt thereof, and the acceptance of such resignation shall not be necessary to make it effective.

Removal

A Board member may be removed, with or without cause, at any duly constituted meeting of the Board, by the affirmative vote of a simple majority of then-serving Board members.

Meetings

The Board's regular meetings may be held at such time and place as shall be determined by the Board. The Chair of the Board or any 3 regular Board members may call a special meeting of the Board with 7 days' written notice provided to each member of the Board. The notice shall be served upon each Board member via hand delivery, regular mail, email, or fax. The person(s) authorized to call such special meetings of the Board may also establish the place the meeting is to be conducted, so long as it is a reasonable place to hold any special meeting of the Board.

Minutes

The Secretary shall be responsible for the recording of all minutes of each and every meeting of the Board in which business shall be transacted in such order as the Board may determine from time to time. However, in the event that the Secretary is unavailable, the Chair of the Board shall appoint an individual to act as Secretary at the meeting. The Secretary, or the individual appointed to act as Secretary, shall prepare the minutes of the meetings, which shall be delivered to the Corporation/Organization to be placed in the minute books. A copy of the minutes shall be delivered to each Board member via either regular mail, hand delivered, emailed, or faxed within 30 business days after the close of each Board meeting.

Action by Written Consent

Any action required by law to be taken at a meeting of the Board, or any action that may be taken at a meeting of the Board, may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Board members. The number of directors in office must constitute a quorum for an action taken by unanimous written consent. Such consent shall be placed in the minute book of the Corporation/Organization and shall have the same force and effect as a unanimous vote of the Board taken at an actual meeting. The Board members' written consent may be executed in multiple counterparts or copies, each of which shall be deemed an original for all purposes. In addition, facsimile signatures and electronic signatures or other electronic "consent click" acknowledgments shall be effective as original signatures.

Quorum

At each meeting of the Board of Directors or Board Committees, the presence of 2 persons shall constitute a quorum for the transaction of business. If at any time the Board consists of an even number of members and a vote results in a tie, then the vote of the Chair of the Board shall be the deciding vote. The act of the majority of the Board members serving on the Board or Board Committees and present at a meeting in which there is a quorum shall be the act of the Board or Board Committees, unless otherwise provided by the Articles of Incorporation, these Bylaws, or a law specifically requiring otherwise. If a quorum is not present at a meeting, the Board members present may adjourn the meeting from time to time without further notice until a quorum shall be present.

However, a Board member shall be considered present at any meeting of the Board or Board Committees if during the meeting he or she is present via telephone or web conferencing with the other Board members participating in the meeting.

Voting

Each Board member shall only have one vote.

Proxy

Board members shall not be allowed to vote by written proxy.

Board Member Attendance

An elected Board Member who is absent from 3 consecutive regular meetings of the Board during a fiscal year shall be encouraged to reevaluate with the Chair of the Board his/her commitment to the Corporation/Organization. The Board may deem a Board member who has missed 3 consecutive meetings without such a reevaluation with the Chair to have resigned from the Board.

ARTICLE 6 – OFFICERS

Officers and Duties

The Board shall elect officers of the Corporation/Organization which shall include a Chair of the Board (Chief Executive Officer), President (Executive Director), a Secretary, a Treasurer (Chief Financial Officer), and such other officers as the Board may designate by resolution. The same person may hold any number of offices, except that neither the Secretary nor the Treasurer may serve concurrently as the Chair of the Board or the President. In addition to the duties in accordance with this Article, officers shall conduct all other duties typically pertaining to their offices and other such duties which may be required by law, Articles of Incorporation, or by these bylaws, subject to control of the Board of Directors, and they shall perform any other such additional duties which the Board of Directors may assign to them at their discretion.

The officers will be selected by the Board at its annual meeting, and shall serve the needs of the Board, subject to all the rights, if any, of any officer who may be under a contract of employment. Therefore, without any bias or predisposition to the rights of any officer that may be under any contract of employment, any officer may be removed with or without cause by the Board. All officers have the right to resign at any time by providing notice in writing to the Chair of the Board, President, and/or Secretary of the Corporation/Organization, without bias or predisposition to all rights, if any, of the Corporation/Organization under any contract to which said officer is a part thereof. All resignations shall become effective upon the date on which the written notice of resignation is received or at any time later as may be specified within the resignation; and unless otherwise indicated within the written notice, a stated acceptance of the resignation shall not be required to make the resignation effective.

Any and all vacancies in any office because of death, resignation, disqualification, removal, or for any other cause, shall be filled in accordance to the herein prescribed bylaws for regular appointments to such office. The compensation, if any, of the officers shall be fixed or determined by resolution of the Board of Directors.

Chair of the Board (Chief Executive Officer)

It shall be the responsibility of the Chair of the Board, when present, to preside over all meetings of the Board of Directors and Executive Committee. The Chair of the Board is authorized to execute, in the name of the Corporation/Organization, any and all contracts or other documents which may be authorized, either generally or specifically, by the Board to be executed by the Corporation/Organization, except when required by law that the President's signature must be provided

President (Executive Director)

It shall be the responsibility of the President, in general, to supervise and conduct all activities and operations of the Corporation/Organization, subject to the control, advice and consent of the Board of Directors. The President shall keep the Board of Directors completely informed, shall freely consult with them in relation to all activities of the Corporation/Organization, and shall see that all orders and/or resolutions of the Board are carried out to the effect intended. The Board of Directors may place the President under a contract of employment where appropriate. The President shall be empowered to act, speak for, or otherwise represent the Corporation/Organization between meetings of the Board. The President shall be responsible for the hiring and firing of all personnel, and shall be responsible for keeping the Board informed at all times of staff performance and for implementing any personnel policies which may be adopted and implemented by the Board. The President, at all times, is authorized to contract, receive, deposit, disburse and account for all funds of the Corporation/Organization, to execute in the name of the Corporation/Organization all contracts and other documents authorized either generally or specifically by the Board to be executed by the Corporation/Organization, and to negotiate any and all material business transactions of the Corporation/Organization.

Secretary

The Secretary, or his/her designee, shall be the custodian of all records and documents of the Corporation/Organization, which are required to be kept at the principal office of the Corporation/Organization, and shall act as secretary at all meetings of the Board of Directors, and shall keep the minutes of all such meetings on file in hard copy or electronic format. S/he shall attend to the giving and serving of all notices of the Corporation/Organization and shall see that the seal of the Corporation/Organization, if any, is affixed to all documents, the execution of which on behalf of the Corporation/Organization under its seal is duly authorized in accordance with the provisions of these bylaws.

Treasurer (Chief Financial Officer)

It shall be the responsibility of the Treasurer to keep and maintain, or cause to be kept and maintained, adequate and accurate accounts of all the properties and business transactions of the Corporation/Organization, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital, retained earnings, and other matters customarily included in financial statements.

The Treasurer shall be responsible for ensuring the deposit of, or cause to be deposited, all money and other valuables as may be designated by the Board of Directors. Furthermore, the Treasurer shall disburse, or cause to be disbursed, the funds of the Corporation/Organization, as may be ordered by the Board of Directors, and shall render to the Chair of the Board, President, and directors, whenever they request it, an account of all the Treasurer's transactions as treasurer and of the financial condition of the Corporation/Organization.

The Treasurer shall give the Corporation/Organization a bond, if so requested and required by the Board of Directors, in the amount and with the surety or sureties specified by the Board for faithful

performance of the duties of the Treasurer's office and for restoration to the Corporation/ Organization of all its books, papers, vouchers, money and other property of every kind in the Treasurer's possession or under the Treasurer's control upon the Treasurer's death, resignation, retirement, or removal from office. The Corporation/Organization shall pay the cost of such a bond.

ARTICLE 7 – COMMITTEES

Committees of Directors

The Board of Directors may, by resolution adopted by a majority of the directors then in office, provided that a quorum is present, designate one or more committees to exercise all or a portion of the authority of the Board, to the extent of the powers specifically delegated in the resolution of the Board or in these bylaws. Each such committee shall consist of two (2) or more directors, and may also include persons who are not on the Board but whom the directors believe to be reliable and competent to serve at the specific committee. However, committees exercising any authority of the Board of Directors may not have any non-director members. The Board may designate one or more alternative members of any committee who may replace any absent member at any meeting of the committee. The appointment of members or alternate members of a committee requires the vote of a majority of the directors then in office, provided that a quorum is present. The Board of Directors may also designate one or more advisory committees that do not have the authority of the Board.

However, no committee, regardless of Board resolution, may:

- a) Approve of any action that, pursuant to applicable Law, would also require the affirmative vote of the members of the Board if this were a membership vote.
- b) Fill vacancies on, or remove the members of, the Board of Directors or any committee that has the authority of the Board.
- c) Fix compensation of the directors serving on the Board or on any committee.
- d) Amend or repeal the Articles of Incorporation or bylaws or adopt new bylaws.
- e) Amend or repeal any resolution of the Board of Directors that by its express terms is not so amendable or repealable.
- f) Appoint any other committees of the Board of Directors or their members.
- g) Approve a plan of merger, consolidation, voluntary dissolution, bankruptcy, or reorganization; or a plan for the sale, lease, or exchange of all or considerably all of the property and assets of the Corporation/Organization otherwise than in the usual and regular course of its business; or revoke any such plan.
- h) Approve any self-dealing transaction, except as provided pursuant to law.

Unless otherwise authorized by the Board of Directors, no committee shall compel the Corporation/Organization in a contract or agreement or expend Corporation/Organization funds.

Meetings and Actions of Committees

Meetings and actions of all committees shall be governed by, and held and taken in accordance with,

the provisions of Article 5 - Board of Directors of these bylaws concerning meetings and actions of the directors, with such changes in the context of those bylaws as are necessary to substitute the committee and its members for the Board of Directors and its members, except that the time for regular meetings of committees may be determined either by resolution of the Board of Directors or by resolution of the committee. Special meetings of committees may also be called by resolution of the Board of Directors. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the committee. Minutes shall be kept for each meeting of any committee and shall be filed with the Corporation/Organization records. The Board of Directors may adopt rules not consistent with the provisions of these bylaws for the governance of any committee.

If a director relies on information prepared by a committee of the Board on which the director does not serve, the committee must be composed exclusively of any or any combination of (a) directors, (b) directors or employees of the Corporation/Organization whom the director believes to be reliable and competent in the matters presented, or (c) counsel, independent accountants, or other persons as to matters which the director believes to be within that person's professional or expert competence.

Executive Committee

Pursuant to Article 7 - Committee of Directors, the Board may appoint an Executive Committee composed of a minimum of 1 directors, one of whom shall be the Chair of the Board of the Board and another shall be either the Secretary, or the Treasurer, to serve on the Executive Committee of the Board. The Executive Committee, unless limited in a resolution of the Board, shall have and may exercise all the authority of the Board in the management of the business and affairs of the Corporation/Organization between meetings of the Board, provided, however, that the Executive Committee shall not have the authority of the Board in reference to those matters enumerated in Article 7 - Committee of Directors. The Secretary of the Corporation/Organization shall send to each director a summary report of the business conducted in any meeting of the Executive Committee.

ARTICLE 8 – STANDARD OF CARE

General

A director shall perform all the duties of a director, including, but not limited to, duties as a member of any committee of the Board on which the director may serve, in such a manner as the director deems to be in the best interest of the Corporation/Organization and with such care, including reasonable inquiry, as an ordinary, prudent, and reasonable person in a similar situation may exercise under similar circumstances.

In the performance of the duties of a director, a director shall be entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, in each case prepared or presented by:

- a) One or more officers or employees of the Corporation/Organization whom the director deems to be reliable and competent in the matters presented;
- b) Counsel, independent accountants, or other persons, as to the matters which the director deems to be within such person's professional or expert competence; or
- c) A committee of the Board upon which the director does not serve, as to matters within its designated authority, which committee the director deems to merit confidence,

so long as in any such case the director acts in good faith, after reasonable inquiry when the need may be indicated by the circumstances, and without knowledge that would cause such reliance to be unwarranted.

Except as herein provided in Article 8 - Standard of Care, any person who performs the duties of a director in accordance with the above shall have no liability based upon any failure or alleged failure to discharge that person's obligations as a director, including, without limitation of the following, any actions or omissions which exceed or defeat a public or charitable purpose to which the Corporation/Organization, or assets held by it, are dedicated.

Loans

The Corporation/Organization shall not make any loan of money or property to, or guarantee the obligation of, any director or officer, unless approved by the Delaware Attorney General; provided, however, that the Corporation/Organization may advance money to a director or officer of the Corporation/Organization or any subsidiary for expenses reasonably anticipated to be incurred in the performance of the duties of such officer or director so long as such individual would be entitled to be reimbursed for such expenses absent that advance.

Conflict of Interest

The purpose of the Conflict of Interest policy is to protect the Corporation/Organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of one of its officers or directors, or that might otherwise result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable corporations/organizations and is not intended as an exclusive statement of responsibilities.

Restriction on Interested Directors

Not more than 35% (percent) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (1) any person currently being compensated by the Corporation/Organization for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a director; and (2) any brother, sister, parent, ancestor, descendent, spouse, brother-in-law, sister-in-law, son-in-law, mother-in-law, or father-in-law of any such person. However,

any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the interested person.

Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors who are considering the proposed transaction or arrangement.

Establishing a Conflict of Interest

After the disclosure of the financial interest and all material facts, and after any discussion with the interested person, the interested person shall leave the Board meeting while the potential conflict of interest is discussed and voted upon. The remaining Board members shall decide if a conflict of interest exists.

Addressing a Conflict of Interest

In the event that the Board should establish that a proposed transaction or arrangement establishes a conflict of interest, the Board shall then proceed with the following actions:

- a) Any interested person may render a request or report at the Board meeting, but upon completion of said request or report the individual shall be excused while the Board discusses the information and/or material presented and then votes on the transaction or arrangement proposed involving the possible conflict of interest.
- b) The Chair of the Board of the Board shall, if deemed necessary and appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c) After exercising due diligence, the Board shall determine whether the Corporation/Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the best interest of the Corporation/Organization, for its own benefit, and whether it is fair and reasonable. It shall make its decision as to whether to enter into the transaction arrangement in conformity with this determination.

Procedures and Records

All minutes of the Board Meetings, when applicable, shall contain the following information:

- a) The names of all the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's decision as to whether a conflict of interest in fact existed.
- b) The names of the persons who were present for discussions and any votes relating to the

transaction or arrangement, the content of the discussions, including any alternatives to the proposed transaction or arrangement, and a record of any vote taken in connection with the proceedings.

Acknowledgement of Conflict of Interest Policy

Each director, principal officer, and member of a committee with Board delegated powers shall be required to sign a statement which affirms that such person:

- a) Has received a copy of the conflict of interest policy;
- b) Has read and understands the policy;
- c) Has agreed to comply with the policy; and
- d) Understands that the Corporation/Organization is charitable, and in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Violation of Loyalty – Self Dealing Contracts

A self-dealing contract is any contract or transaction (i) between this Corporation/Organization and one or more of its Directors, or between this Corporation/Organization and any corporation, firm, or association in which one or more of the Directors has a material financial interest ("Interested Director"), or (ii) between this Corporation/Organization and a corporation, firm, or association of which one or more of its directors are Directors of this Corporation/Organization. Said self-dealing shall not be void or voidable because such Director(s) of corporation, firm, or association are parties or because said Director(s) are present at the meeting of the Board of Directors or committee which authorizes, approves or ratifies the self-dealing contract, if:

- a) All material facts are fully disclosed to or otherwise known by the members of the Board and the self-dealing contract is approved by the Interested Director in good faith (without including the vote of any membership owned by said interested Director(s));
- b) All material facts are fully disclosed to or otherwise known by the Board of Directors or committee, and the Board of Directors or committee authorizes, approves, or ratifies the self-dealing contract in good faith—without counting the vote of the interest Director(s)—and the contract is just and reasonable as to the Corporation/Organization at the time it is authorized, approved, or ratified; or
- c) As to contracts not approved as provided in above sections (a) and/or (b), the person asserting the validity of the self-dealing contract sustains the burden of proving that the contract was just and reasonable as to the Corporation/Organization at the time it was authorized, approved, or ratified.

Interested Director(s) may be counted in determining the presence of a quorum at a meeting of the Board of Directors or a committee thereof, which authorizes, approves, or ratifies a contract or transaction as provided for and contained in this section.

Indemnification

To the fullest extent permitted by law, the Corporation/Organization shall indemnify its "agents," as described by law, including its directors, officers, employees and volunteers, and including persons formerly occupying any such position, and their heirs, executors and administrators, against all expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred by them in connection with any "proceeding," and including any action by or in the right of the Corporation/Organization, by reason of the fact that the person is or was a person as described in the Non-Profit Corporation Act. Such right of indemnification shall not be deemed exclusive of any other right to which such persons may be entitled apart from this Article.

The Corporation/Organization shall have the power to purchase and maintain insurance on behalf of any agent of the Corporation/Organization, to the fullest extent permitted by law, against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such, or to give other indemnification to the extent permitted by law.

ARTICLE 9 – EXECUTION OF CORPORATE INSTRUMENTS

Execution of Corporate Instruments

The Board of Directors may, at its discretion, determine the method and designate the signatory officer or officers, or other person or persons, to execute any corporate instrument or document, or to sign the corporate name without limitation, except when otherwise provided by law, and such execution or signature shall be binding upon the Corporation/Organization.

Unless otherwise specifically determined by the Board of Directors or otherwise required by law, formal contracts of the Corporation/Organization, promissory notes, deeds of trust, mortgages, other evidences of indebtedness of the Corporation/Organization, other corporate/organization instruments or documents, memberships in other corporations/organizations, and certificates of shares of stock owned by the Corporation/Organization shall be executed, signed, and/or endorsed by the President.

All checks and drafts drawn on banks or other depositories on funds to the credit of the Corporation/Organization, or in special accounts of the Corporation/Organization, shall be signed by such person or persons as the Board of Directors shall authorize to do so.

Loans and Contracts

No loans or advances shall be contracted on behalf of the Corporation/Organization and no note or other evidence of indebtedness shall be issued in its name unless and except as the specific transaction is authorized by the Board of Directors. Without the express and specific authorization of the Board, no officer or other agent of the Corporation/Organization may enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation/Organization.

ARTICLE 10 – RECORDS AND REPORTS

Maintenance and Inspection of Articles and Bylaws

The Corporation/Organization shall keep at its principal office the original or a copy of its Articles of Incorporation and bylaws as amended to date, which shall be open to inspection by the directors at all reasonable times during office hours.

Maintenance and Inspection of Federal Tax Exemption Application and Annual Information Returns

The Corporation/Organization shall keep at its principal office a copy of its federal tax exemption application and its annual information returns for three years from their date of filing, which shall be open to public inspection and copying to the extent required by law.

Maintenance and Inspection of Other Corporate Records

The Corporation/Organization shall keep adequate and correct books and records of accounts and written minutes of the proceedings of the Board and committees of the Board. All such records shall be kept at a place or places as designated by the Board and committees of the Board, or in the absence of such designation, at the principal office of the Corporation/Organization. The minutes shall be kept in written or typed form, and other books and records shall be kept either in written or typed form or in any form capable of being converted into written, typed, or printed form. Upon leaving office, each officer, employee, or agent of the Corporation/Organization shall turn over to his or her successor or the Chair of the Board or President, in good order, such corporate/organization monies, books, records, minutes, lists, documents, contracts or other property of the Corporation/Organization as have been in the custody of such officer, employee, or agent during his or her term of office.

Every director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the Corporation/Organization and each of its subsidiary corporations/organizations. The inspection may be made in person or by an agent or attorney, and shall include the right to copy and make extracts of documents.

Preparation of Annual Financial Statements

The Corporation/Organization shall prepare annual financial statements using generally accepted accounting principles. Such statements shall be audited by an independent certified public accountant, in conformity with generally accepted accounting standards. The Corporation/Organization shall make these financial statements available to the Delaware Attorney General and members of the public for inspection no later than 90 days after the close of the fiscal year to which the statements relate.

Reports

The Board shall ensure an annual report is sent to all directors within 90 days after the end of the fiscal year of the Corporation/Organization, which shall contain the following information:

- a) The assets and liabilities, including trust funds, of this corporation at the end of the fiscal year.
- b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.
- c) The expenses or disbursements of the Corporation/Organization for both general and restricted purposes during the fiscal year.
- d) The information required by Non-Profit Corporation Act concerning certain self-dealing transactions involving more than \$50,000 or indemnifications involving more than \$10,000 which took place during the fiscal year.

The report shall be accompanied by any pertinent report from an independent accountant or, if there is no such report, the certificate of an authorized officer of the Corporation/Organization that such statements were prepared without audit from the books and records of the Corporation/Organization.

ARTICLE 11 – FISCAL YEAR

The fiscal year for this Corporation/Organization shall end on December 31.

ARTICLE 12 – AMENDMENTS AND REVISIONS

These bylaws may be adopted, amended, or repealed by the vote of a simple majority of the directors then in office. Such action is authorized only at a duly called and held meeting of the Board of Directors for which written notice of such meeting, setting forth the proposed bylaw revisions with explanations therefore, is given in accordance with these bylaws. If any provision of these bylaws requires the vote of a larger portion of the Board than is otherwise required by law, that provision may not be altered, amended or repealed by that greater vote.

ARTICLE 13 – CORPORATE / ORGANIZATIONAL SEAL

The Board of Directors may adopt, use, and alter a corporate/organization seal. The seal shall be kept at the principal office of the Corporation/Organization. Failure to affix the seal to any corporate/organization instrument, however, shall not affect the validity of that instrument.

ARTICLE 14 – CONSTRUCTION AND DEFINITIONS

Unless the context otherwise requires, the general provisions, rules of construction, and definitions contained in the Non-Profit Corporation Act as amended from time to time shall govern the

construction of these bylaws. Without limiting the generality of the foregoing, the masculine gender includes the feminine and neuter, the singular number includes the plural and the plural number includes the singular, and the term "person" includes a Corporation/Organization as well as a natural person. If any competent court of law shall deem any portion of these bylaws invalid or inoperative, then so far as is reasonable and possible

(i) the remainder of these bylaws shall be considered valid and operative, and (ii) effect shall be given to the intent manifested by the portion deemed invalid or inoperative.

CERTIFICATE OF SECRETARY

I, Heather Lynch, certify that I am the current elected and acting Secretary of the benefit Corporation/Organization, and the above bylaws are the bylaws of this Corporation/Organization as adopted by the Board of Directors on February 1, 2017, and that they have not been amended or modified since the above.

EXECUTED on this day of _____, in the County of New Castle in the State of Delaware.

(Duly Elected Secretary)

CONSUMER APPLICATION

ADVANCED DIRECTIVE - APPLICATION FOR ASSISTANCE

Based on non-profit directives qualifying consumers must be defined as “at risk senior” which may require an accompanying physician affidavit of need if less than 85 years of age. Consumers over 85 years of age may qualify if hospitalized within the past year and or show a high risk of hospitalization based on diagnoses and physician affidavit or hospitalization risk within the next year. Applicants under 65 must show physician affidavit supporting disability status and at risk status. Those consumers considered for funding within that category will not be included in aggregate study data.

Name _____

Phone _____ DOB _____ Age _____

Mailing Address _____

Currently residing at (i.e. if hospitalized, confined to nursing home, etc.) _____

Support Being Requested (choose):

- Healthcare Proxy and/or Fiduciary - Case Management Support (check one):
 - I desire to maintain my independence at home and request advocacy to maintain community independence. Should I be hospitalized I would like an advocate to assist me back into community living avoiding unnecessary confinement to long term care .
 - I am currently in a nursing home or hospital looking to assign an advocate for transitional planning to assist me back into community living or a lesser level of care.

You attest you do not have available family to assist adequately and require grant assistance. Please note below in comments why need this assistance (i.e., have family but not locally, disabled themselves, etc.).

- Requesting assistance with (check all that apply):
 - Medicaid application assistance to maintain residency at nursing home if required.
 - Require Medicaid Waiver to find more independent placement either in community or lesser level of care institution.

If applying for block grant for Medicaid Waiver assistance please note below in comments why you require grant assistance. (i.e., there is no onsite Social Worker able to represent you through this process or other means of advocacy, if hospitalized the waiting list through PATHWAYS or other acute care contracted assistance does not meet sense of urgency.)

COMMENTS: (attach any additional comments or supplemental to support your request) _____

I attest that I am cognitively able to make an assignment for healthcare and or fiduciary POA to assist me in this request and not having been deemed incompetent by chancery court to do so.

Signature _____ Date _____