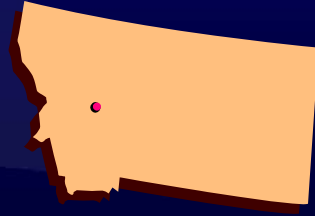


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# Montana's End-of-Life Registry



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## **Slide 1**

### **(Montana's End-of-Life Registry):**

#### **Note to Agent:**

*The date in the upper right corner provide the most recent revisions. This PowerPoint set should be dated 09/20/06.*

#### **Questions for Audience:**

1. How many of you have heard of Montana's End-of-Life Registry? Raise your hands.
2. How many of you have already registered?  
-if yes, encourage those individuals to share their experience at the end of the presentation

# PowerPoint & Notes Developers:

- **Keri D. Hayes**  
MSU Dept. Ag Econ Publications Assistant
- **Joan Eliel**, Office of Consumer Protection,  
Program Specialist, Helena
- **Marsha A. Goetting**  
MSU Extension Family Economics Specialist
- **Joel Schumacher**  
MSU Extension Economics Assistant



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## Slide 2 (PowerPoint Developers):

This PowerPoint and Notes program was prepared by:

Keri Hayes, Marsha Goetting and Joel Schumacher with  
MSU Extension

Joan Eliel with the Montana Office of Consumer Protection in  
Helena

# End-of-Life Registry *History*

- Enacted by 2005 Legislature
- MCA 50-9-501
  - Authorized Montana's Attorney General to establish



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## **Slide 3** **(History):**

The Montana End-of-Life Registry was established by the 2005 Montana legislature

Member of the Legislature authorized the Attorney General's office to establish the registry.

As of September 2006 700 individuals had registered their advance directives.

# End-of-Life Registry Goal



- Provide place to store advance directives online
- Give authorized health care providers immediate access



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## **Slide 4**

### **(Goals and Major Goals):**

Provide Montanans with a centralized online location to store advance directives

Provide immediate access to a patient's advance directive by authorized health care providers 24/7

# What is an Advance Directive?



- Document that expresses how you would want to be treated if you were seriously ill and unable to make decisions for yourself.

## **Slide 5** **(Definition):**

An advance directive is a document that tells other how you would like to be treated if you are seriously ill and unable to make decisions for yourself.

# Life Sustaining Treatment



- You may order attending physician to withhold or withdraw treatment that would only prolong the process of dying.



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## Slide 6 (Example):

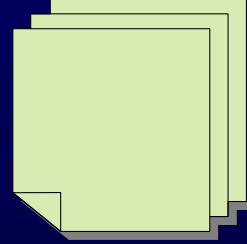
A common type of advance directive pertains to life sustaining treatment.

A person may want to direct their attending physician not to provide treatments that will only prolong the process of dying.

Or, you may order that your life be prolonged as long as possible.

# Types of advance directives:

- Health care directives
- Living wills
- Declarations
- Health care powers of attorney



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## Slide 7

### (Types of Directives):

Types of advance directives include:

- Health Care Directives
- Living Wills
- Declarations which is Montana's term for living will
- Health Care Power of Attorneys

Each of these types of directives can be stored in the Montana End-of-Life registry.

# How to file an advance directive:

- Complete 2 forms
  - Advance Directive
  - Consumer Registration Agreement



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## Slide 8

### (How do you file your advance directive):

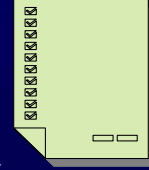
To file your advance directive you must complete two forms they are:

- Advance Directive Form
- Consumer Registration Agreement

# Where to get forms:

Both forms:

- Available online  
<http://endoflife.mt.gov>
- Office of Consumer Protection  
**1-866-675-3314**



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## **Slide 9**

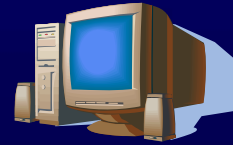
### **(Where to get forms):**

The Advance Directive & Consumer Registration Agreement are available:

Online and by phone from the Office of Consumer Protection

# Another source for Advance Directives

MSU Extension



–[www.montana.edu](http://www.montana.edu)

–Search on living will



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## Slide 10

### Another Source:

An advance directive form is also available: from MSU Extension. The Form is on the back page of a MontGuide titled “Montana Rights of Terminally Ill”. The form is also available online at [www.montana.edu](http://www.montana.edu) (search for “living will”)

## Consumer Registration Agreement also provided

–MSU Extension  
MontGuide

–[www.montana.edu](http://www.montana.edu)

–Search: End of Life Registry



### Slide 11 (More Forms):

The Consumer Registration Agreement is also available in End-of-Life Registry MontGuide that you have been handed today.

See page 2 of the MontGuide

## Send originals of forms to:

- Office of Consumer Protection  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410  
Phone: (406) 444-5803 or  
(866) 675-3314  
Fax: (406) 444-9680  
*email: [endofliferegistry@mt.gov](mailto:endofliferegistry@mt.gov)*



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### **Slide 12** **(Where to send completed forms):**

Send completed forms to the Office of Consumer Protection in Helena.

# What are legal requirements?



- At least 18 years of age
- 2 witnesses sign form
- Does not have to be notarized

## Slide 13:

The legal requirements for the Montana's End-of-Life registry include:

- Minimum Age is age 18
- You need two witnesses sign form
- Form does not need to be notarized

## What if I can't sign?

- May have another individual sign if unable to sign yourself
  - Disease
  - Physical impairment



### Slide 14:

If you can't sign the form because of a physical impairment you may have another person sign for you.

# Who can witness?

- Friends
- Acquaintances
- Business associates



## Slide 15:

Who can be a witness to your advance directive:

- Friends
- Family
- Acquaintances and others

# Witnesses??????

- Family members
  - Legal, but.....
  - Concern
    - Impartiality
    - Relatives may not agree about withdrawing life sustaining treatment



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## Slide 16:

Family Members are eligible but:

- May have conflicts of interest
- May not be impartial
- May not be the best witnesses

## Question to audience:

Can you think of other problems that could result from having a family member as a witness?

# What if I change my mind?

- Complete & mail to Office of Consumer Protection
  - **New** Advance Directive
  - **New** Consumer Registration Agreement



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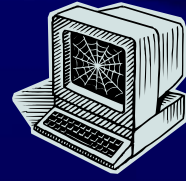
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## Slide 17 (Change your mind):

You can change your mind anytime about your advance directive.

New Forms (both Advance Directive and Consumer Registration Agreement) should be completed and filed with the Office of Consumer Protection.

# Consumer Registration Agreement



## Slide 18 (Consumer Registration Agreement):

Next we will examine the major components of the Consumer Registration Agreement that must be submitted with your advance directive.

## Contents of Section A:

- Name
- Gender
- Date of birth
- Mother's maiden name
- Social Security Number
- Phone number
- Mailing address



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### Slide 19

#### (Section A):

The required Identification Information in Section A include:

- Name
- Gender
- Date of birth
- Mother's maiden name
- Social Security number
- Phone number
- Mailing address

## Section B:



- Types of access for Advance Directives
  - *Standard* privacy
  - *Higher* privacy



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### Slide 20 (Section B):

The Consumer Registration form allows for two types of privacy:

- One is called Standard Privacy Option, and the other
- Higher Privacy Option

## ***Standard Privacy Access***



- **If access code unavailable**
- **Anyone with your**
  - **Name**
  - **Social Security Number**
  - **Birth date**
  - **Mother's maiden name**

### **Slide 21** **(Standard Privacy Access):**

If your access code is unavailable anyone with your (1) Name (2) Social security number (3) Birth date, and (4) Mother's maiden name can access your advance directive.

# *Higher Privacy Access*



- Person who filed directive
- Registered health care providers
- Anyone with your name & access code

## **Slide 22** **(Higher Privacy Access):**

Who has access to the higher privacy:

- You, as the filer of the advance directive
- Health Care Providers
- People with my Name and Access Code

## Section B: Checklist

*I want to:*



- Store an Advance Directive in the Registry.
- Replace an Advance Directive with a new one.



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### Slide 23:

Sections B of the Consumer Registration form asks you to indicate whether you are:

- New (first time) Filing or
- Replacement (you have filed in the past) Filing

## Type of Request (cont'd.)

*I want to:*

- Remove my Advance Directive from the Registry.
- Request a replacement wallet card.



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### Slide 24 (Options):

Other options include:

- Remove a previous filing, or
- Request a replacement wallet card

## Section C:

1. ....Duly executed & witnessed
2. Understand that
  - a. Free of charge
  - b. Voluntary
  - c. Authorization to store
  - d. Can revoke
  - e. Liability of agency



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### Slide 25:

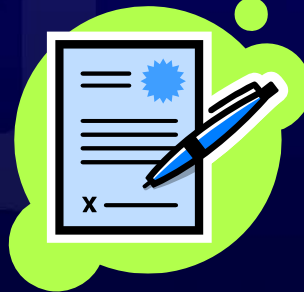
Section C provides information on executing the form:

Rights related to the Registry, including:

- No charge
- Voluntary participation
- Notice of authorization to store
- Revocable
- Liability statement

# Section C:

1. Signature of person completing agreement
2. Printed Name
3. Date

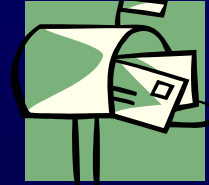


**Slide 26**  
**(Signatures):**

Don't forget to sign and print your name and date the form.

# Mail completed materials

- Advance Directive
- Consumer Registration Agreement



**To:** Office of Consumer Protection  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410

**Slide 27**  
**(Mailing address):**

Send both completed forms to:

Office of Consumer Protection in Helena at the address provided on the screen.

# Notification



- Within approximately three weeks, acceptance/denial letter is sent to you.



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## **Slide 28** **(Notification):**

Then sit back and wait for notification confirming your registry. Generally a letter will be sent in about 3 weeks.

# Enclosures

1. Your identifying access code
2. Wallet card
3. Four labels



## Slide 29 (Enclosures):

The notification envelope will include these items:

- Your access code
- A wallet card, and
- Four labels

# Wallet Card Example

|  |                              |
|--|------------------------------|
| How to access my Advance Directive   | MONTANA END-OF-LIFE REGISTRY |
| <ol style="list-style-type: none"><li>1. Go to <a href="http://www.endoflife.mt.gov">www.endoflife.mt.gov</a>.</li><li>2. Click on Start in the Registrants box.</li><li>3. Enter your name and access code.</li></ol> <p>If you do not have Internet access, call 1-866-675-3314.</p> | Name:<br><br>Access Code:    |



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## **Slide 30**

### **(Sample Wallet Card):**

This is a sample wallet card. It explains the process for accessing your advance directive, either by the web or telephone.

Your wallet card also has your access code on the right hand side.

# Label Example

MT End-of-Life Registry  
1-886-675-3314  
[www.endoflife.mt.gov](http://www.endoflife.mt.gov)

**Slide 31**  
**(Sample Label):**

Also included in the notification envelope are four labels that look like this. The phone number and Web site address are provided.

# Where to place labels?

– Back of

- Driver's license
- Auto insurance card
- Health insurance card

– Your choice????



## Slide 32 (Labels):

Where should the labels should be placed?  
Possibilities include:

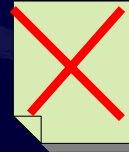
- Back of your Drivers License
- Back of your car insurance card
- Back of your health insurance card
- Others: Refrigerator, Phone list, Wallet, with a relative, or other locations??

## Question to audience:

Where else do you think the label should be placed?

## What if advance directive is rejected?

- Will be returned if does not meet Montana requirements
- Letter of explanation
  - Indicates what additional information needed



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### **Slide 33:**

If your advance directive fails to meet Montana requirements or if your Consumer Registration Agreement was incomplete:

- It will be returned to you
- An explanation of why it was returned will be included

# Whom should I provide a copy?



- Physician
- Other health care provider
- Family member



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## **Slide 34:**

Who should have a copy of your Advance Directive:

- Your physician
- Your other regular health care providers
- A family Member
- A close friend

## **Question for audience:**

Can you think of anyone else who should have a copy of your advance directive?

# Health Care Provider Registration Agreement

- Facility Type:
  - Ambulatory Surgery
  - Clinics
  - Home Health Care Agency.....



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## Slides 35:

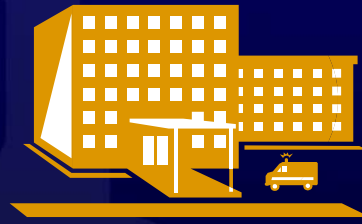
Health Care providers must fill out a registration agreement as well.

Eligible Health Care Providers include:

- Ambulatory Surgery Facilities
- Clinics
- Home Health Care Agencies

# Health Care Provider Registration Agreement

- Facility Type (cont'd):
  - Hospice
  - Hospital
  - Nursing Facility
  - Private Office



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## Slides 36 (Health Care Providers) cont.:

Additional Eligible Health Care Providers include:

- Hospices
- Hospitals
- Nursing Home Facilities
- A private physicians office

# Registration Agreement

- Name of health care provider
- Facility ID
- Health Care provider License #
- Mailing address



## Slide 37 (Registration Agreement):

Eligible Health Care Providers need to complete a registration agreement that contains the following information:

- Name of health care provider
- Facility ID
- Health care provider License #
- Mailing address

# Access 24 / 7

- Advance Directives are stored in secure computer database
  - Free of charge
  - Available anytime



## **Slide 38** **(Availability):**

Registry is available 24 hours a day, 7 days a week. It is free of charge.

## 24-hour help desk

- Assist health care professionals
  - Determine whether Advance Directive has been filed



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### **Slide 39** **(Help Desk):**

The Office of Consumer Protection has a Help Desk that can assist Health Care providers to determine if an Advance directive has been filed.

# Office of Consumer Protection

- Does not provide:
  - Legal advice
  - Legal services



## Slide 40:

Staff in the Office of Consumer Protection:

- Do not provide legal advice
- Do not provide legal services. For example, no staff member can write an advance directive for you

## Further Information

**Joan Eliel, Program Specialist**  
**Office of Consumer Protection**  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410  
Phone: (406) 444-5803 or (866)  
675-3314  
Fax: (406) 444-9680  
*email: [endofliferegistry@mt.gov](mailto:endofliferegistry@mt.gov)*



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### **Slide 41** **(Addition Information):**

For further information contact Joel Eliel at the Office of Consumer Protection:

Her phone number is: 866-678-3314. She also can be reached by email: [endofliferegistry@mt.gov](mailto:endofliferegistry@mt.gov). Or, you can write her at: 2225 11<sup>th</sup> Avenue, P.O. Box 201410, Helena, MT 59620-1410

# Additional Resources

- Association of Montana Health Care Providers
- Compassion and Choices
- Caring Connections
- National Hospice and Palliative Care Organization
- Aging with Dignity



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## **Slide 42** **(Additional Information):**

Association of Montana Health Care Providers

Compassion and Choices

Caring Connections

National Hospice & Palliative Care Organization

Aging with Dignity

Senior & Long-Term Care Division

Address, phone numbers and Web site addresses are provided on page 4 of the MontGuide

# MontGuide Reviewers

- **Elderly Assistance Committee**  
– State Bar of Montana
- **Businesses, Estates, Trusts, Tax and Real Property Section**  
– State Bar of Montana
- **Office of Consumer Protection, Attorney General's Office**



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## **Slide 43** **(Reviewers):**

A thank you to those who help review the MontGuide for legal accuracy. Members of the:

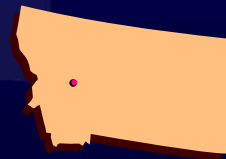
- Elderly Assistance Committee (State Bar of Montana)
- Businesses, Estates, Trusts, Tax and Real Property Section (State Bar of Montana)
- Office of Consumer Protection (Attorney General's Office)

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# Montana's End-of-Life Registry

## MontGuide Authors

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MSU Extension Family Economics  
Specialist  
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Attorney General



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### **Slide 44** **(Montana's End-of-Life Registry):**

Authors of the MontGuide are Marsha Goetting, MSU  
Extension Family Economics Specialist

Steve Bullock, Attorney General

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# Montana's End-of-Life Registry



## Program Evaluation

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**Slide 45**  
**(Montana's End-of-Life Registry):**

I would appreciate your completing the program evaluation I have handed out. Please leave (*describe where you want the audience to leave the form*)

Note to presenter:

Please return the evaluation forms to Marsha Goetting to [goetting@montana.edu](mailto:goetting@montana.edu)

We will compile the results and send you or your organization a summary.