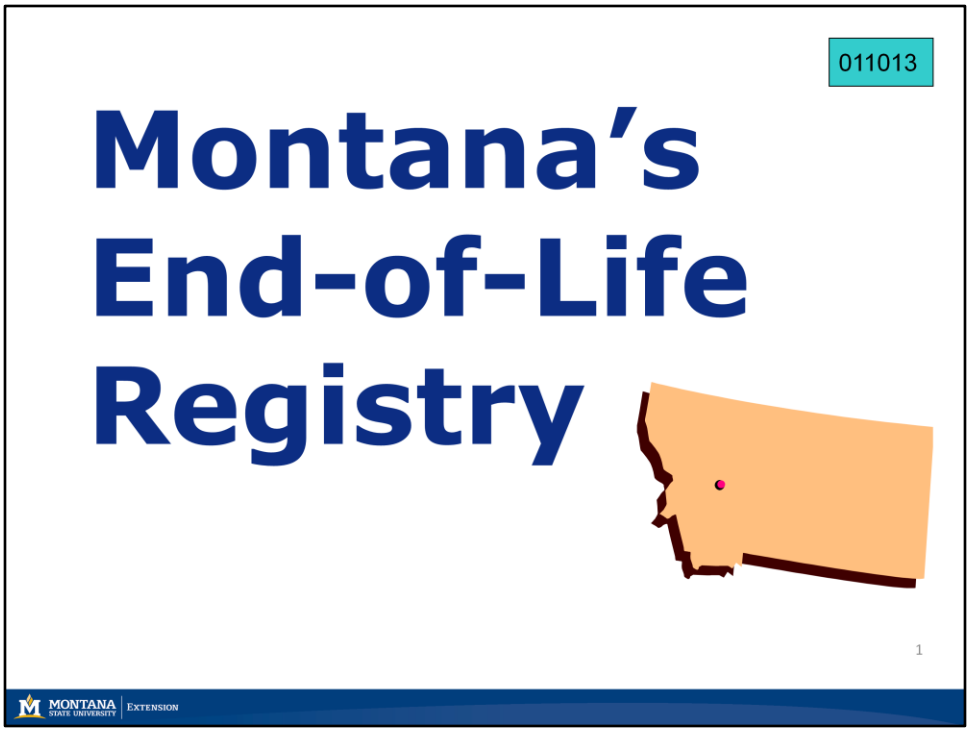


Slide 1
(Montana's End-of-Life Registry):

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:

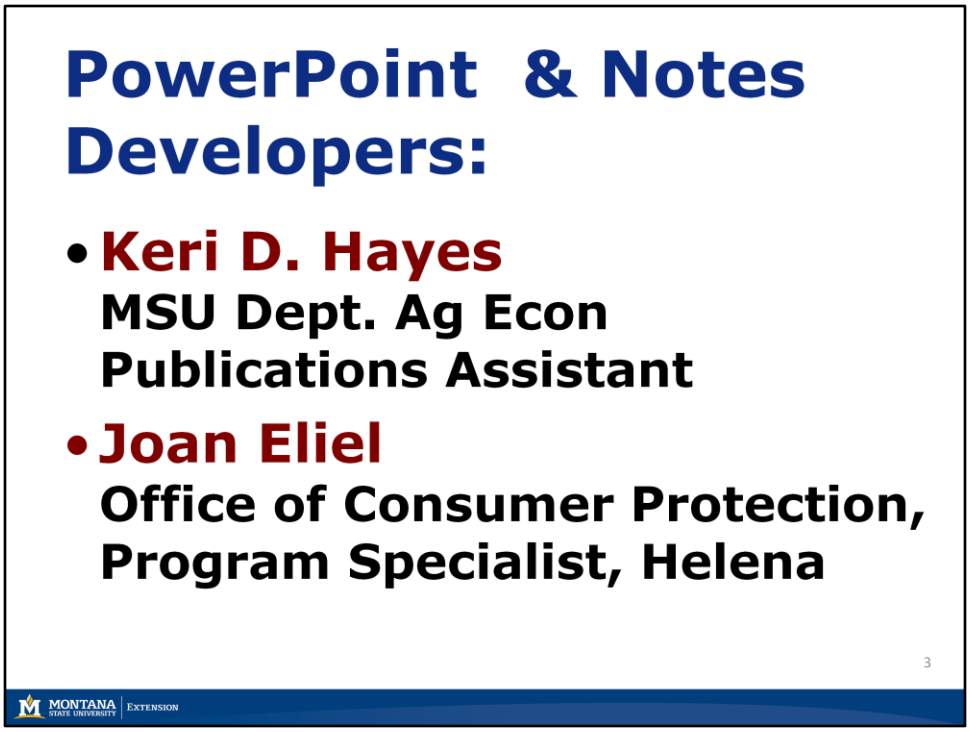
1. How many of you have heard of Montana's End-of-Life Registry? Raise your hands.
2. How many of you have already registered?
   -if yes, encourage those individuals to share their experience at the end of the presentation

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



Slide 2
(PowerPoint Developers):

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Keri Hayes, Marsha Goetting and Joel Schumacher with MSU Extension

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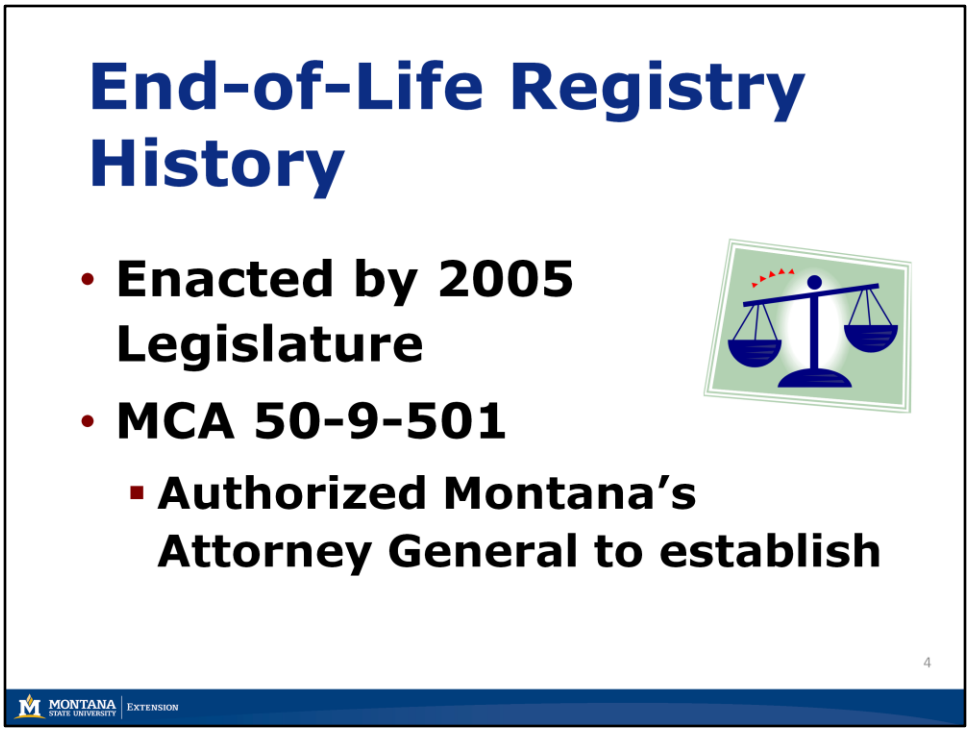


Slide 3
(History):

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

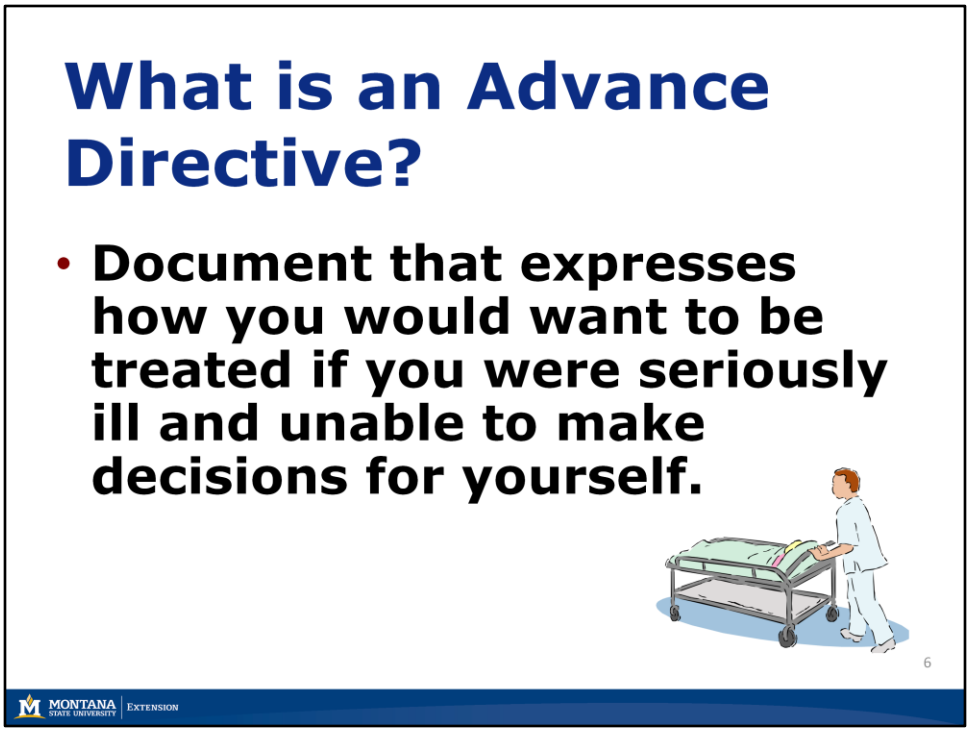
Member of the Legislature authorized the Attorney General's office to establish the registry.

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

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



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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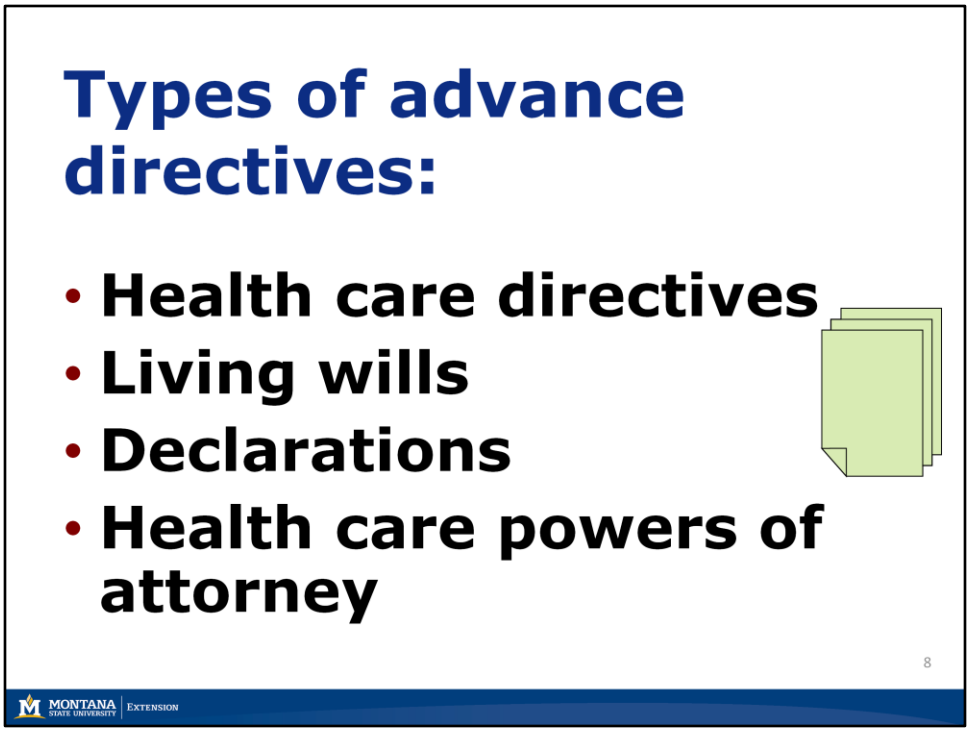
MONTANA STATE UNIVERSITY | EXTENSION

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.

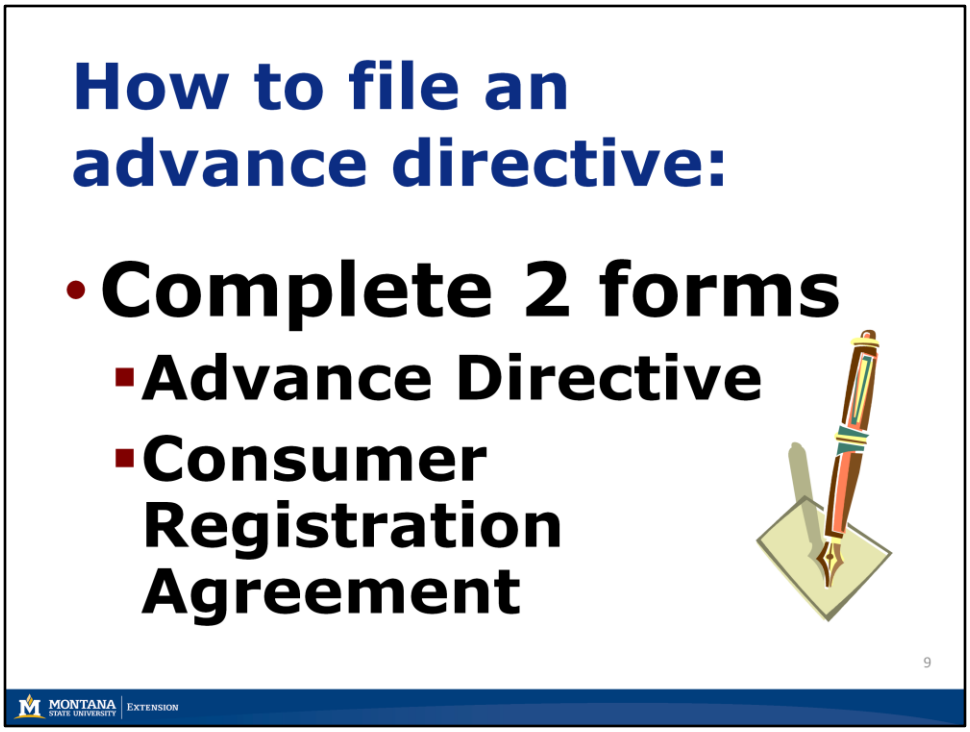


Slide 7
(Types of Directives):

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.



Slide 8
(How do you file your advance directive):

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

- Advance Directive Form
- Consumer Registration Agreement

Slide 9
(Where to get forms):

The Advance Directive & Consumer Registration Agreement are available:

Online and by phone from the Office of Consumer Protection

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 (search for "living will")

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 11th 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

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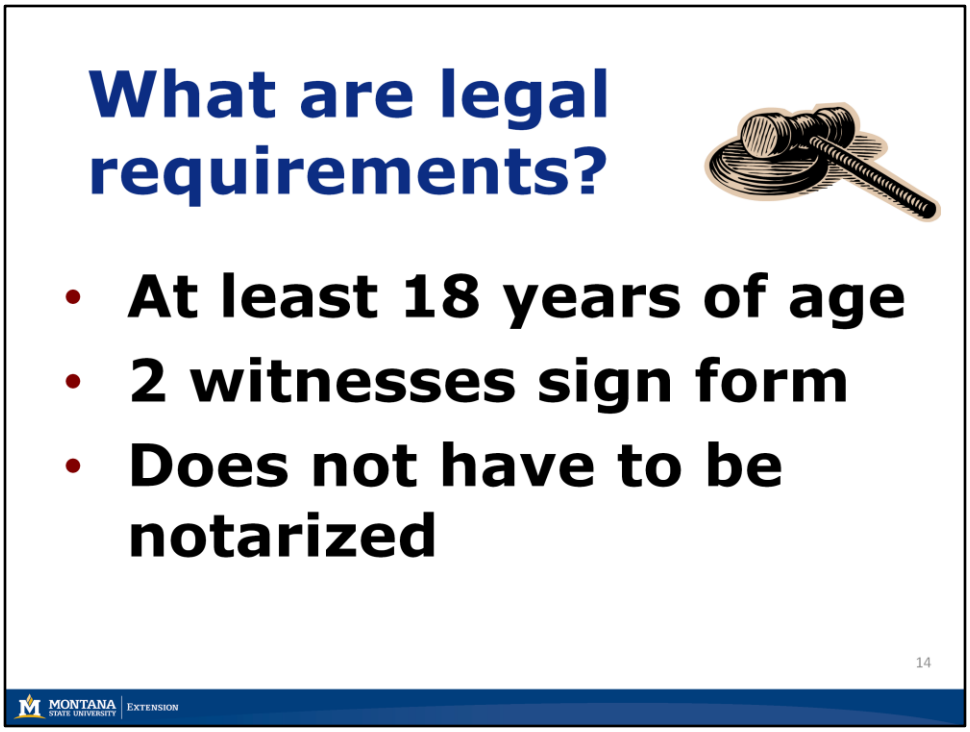
Slide 12
(Where to send completed forms):

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



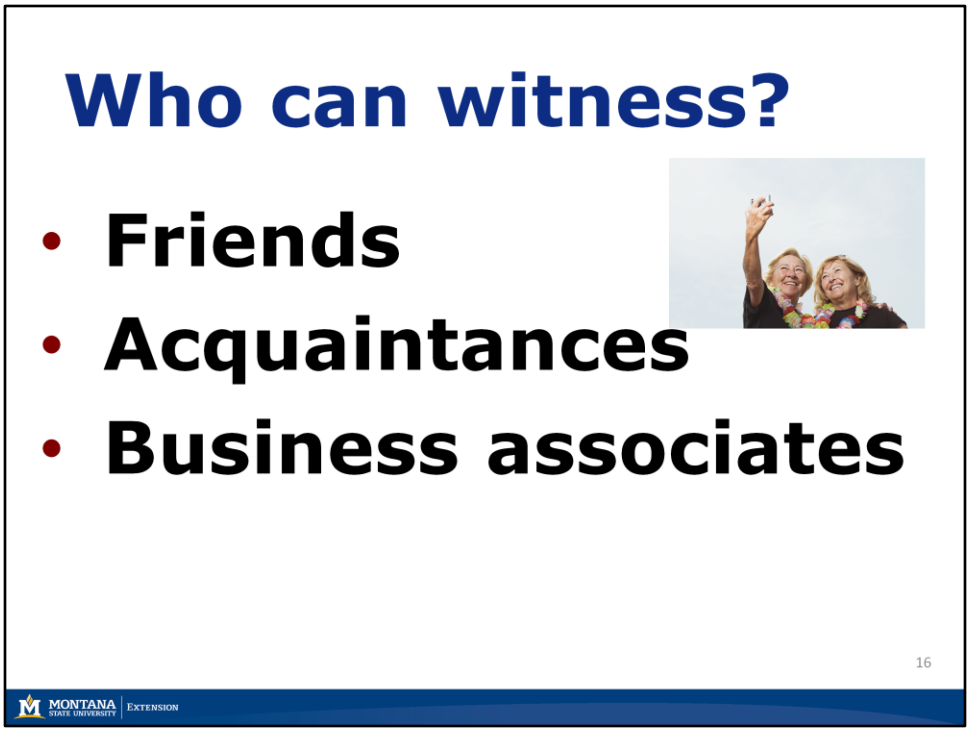
Slide 13:

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

Slide 14:

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



Slide 15:

Who can be a witness to your advance directive:

- Friends
- Family
- Acquaintances and others

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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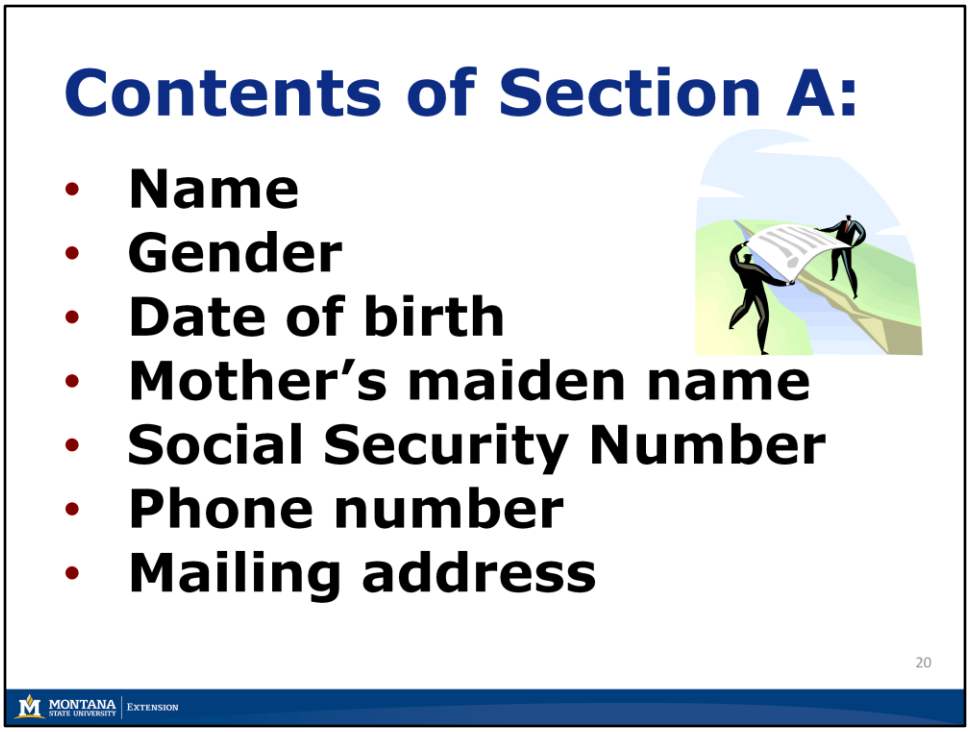
Slide 17
(Change your mind):

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.

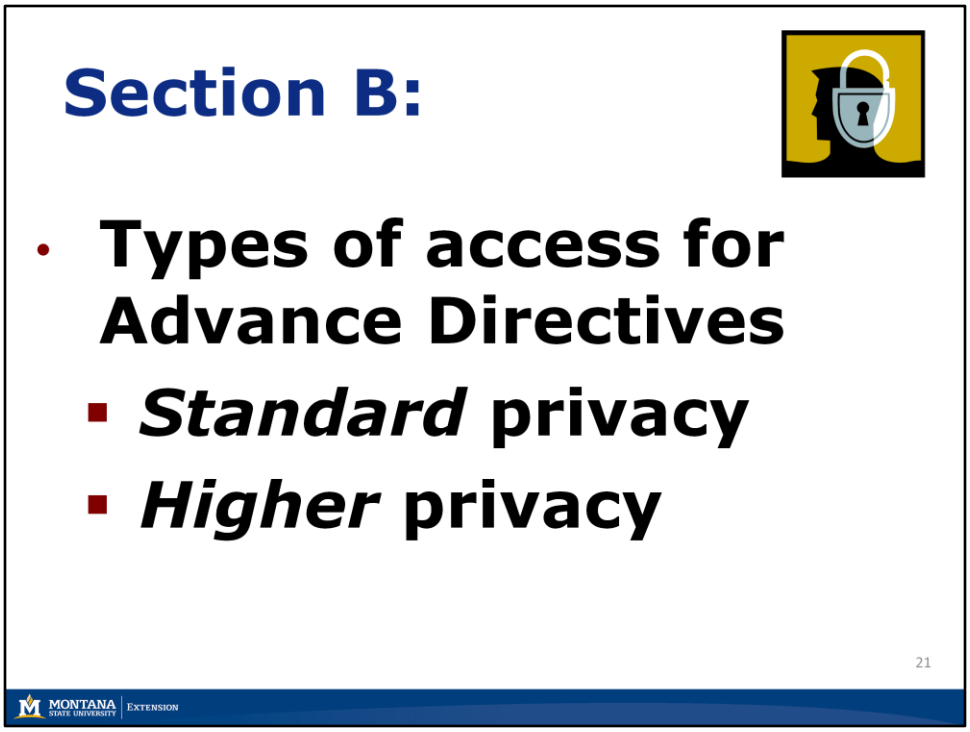
Slide 18
(Consumer Registration Agreement):

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



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



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

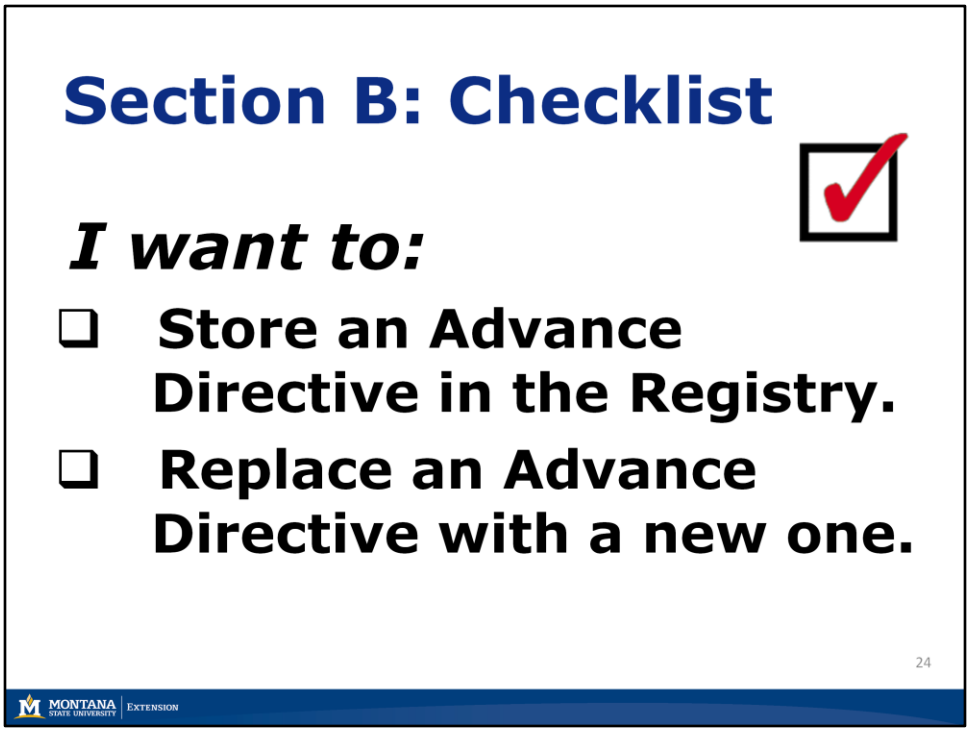
Slide 21
(Standard Privacy Access):

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.

Slide 22
(Higher Privacy Access):

Who has access to the higher privacy:

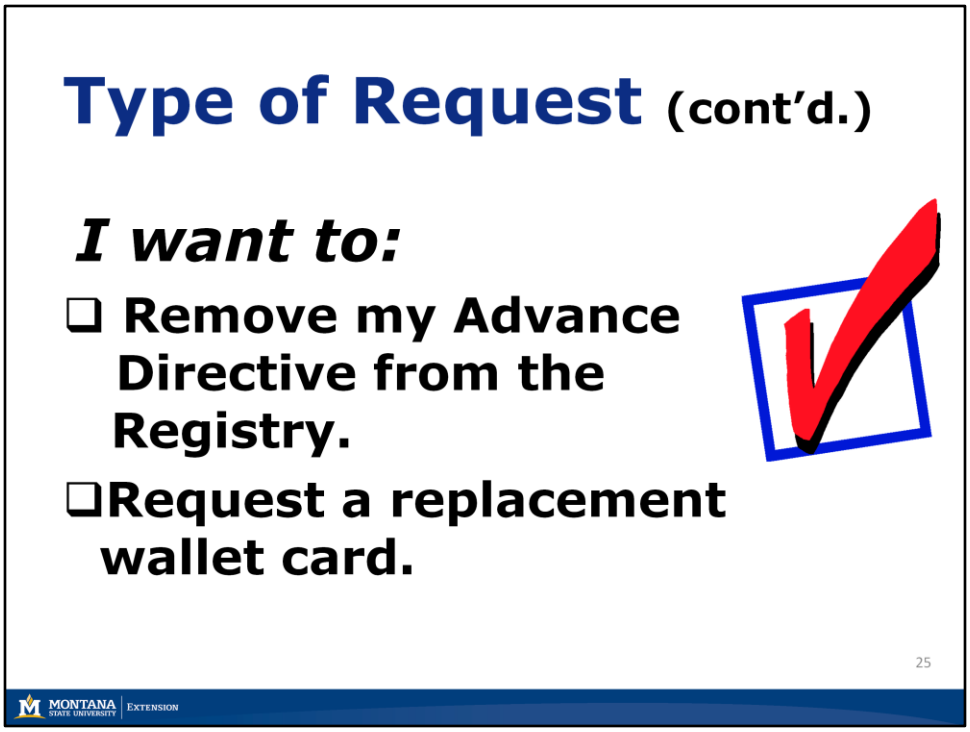
- You, as the filer of the advance directive
- Health Care Providers
- People with my Name and Access Code



Slide 23:

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

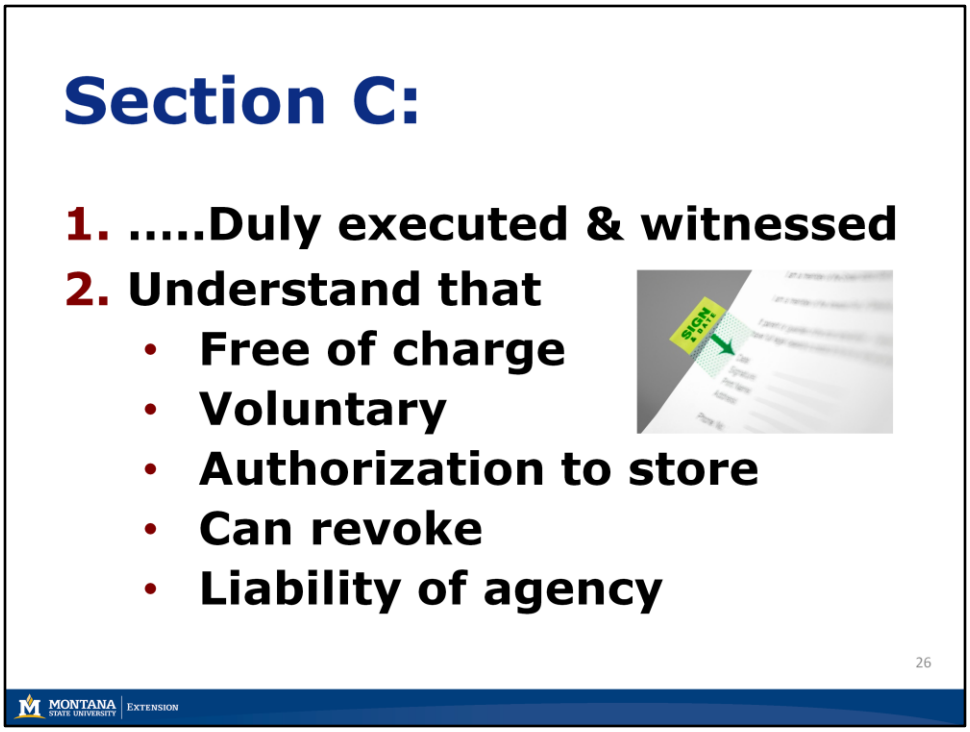
- New (first time) Filing or
- Replacement (you have filed in the past) Filing



Slide 24
(Options):

Other options include:

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



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

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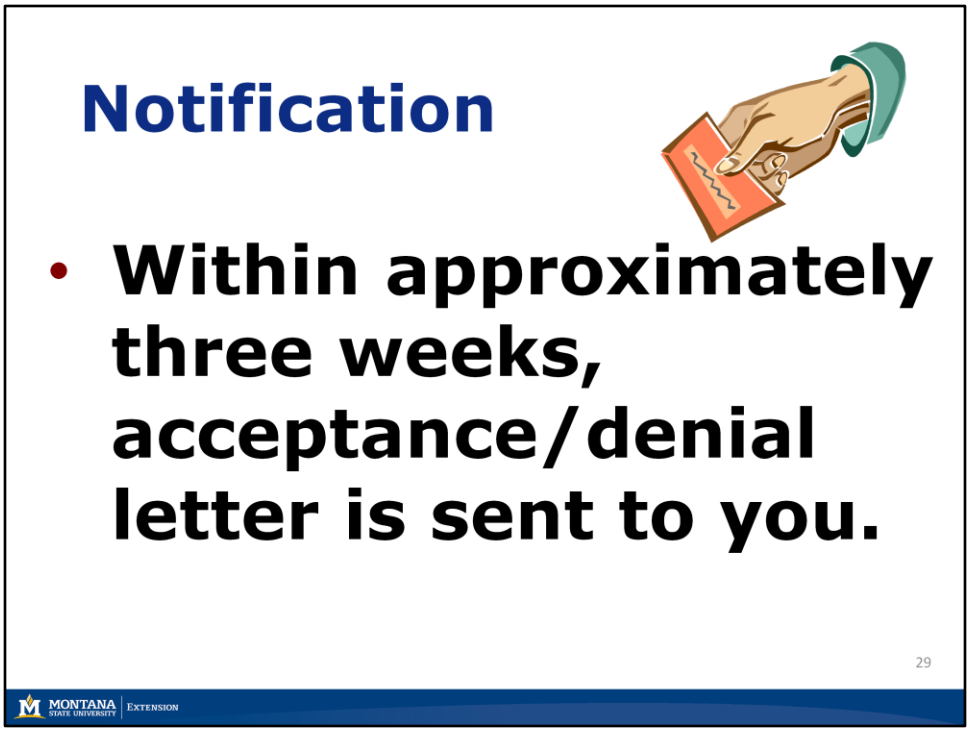
Slide 26
(Signatures):

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

Slide 27
(Mailing address):

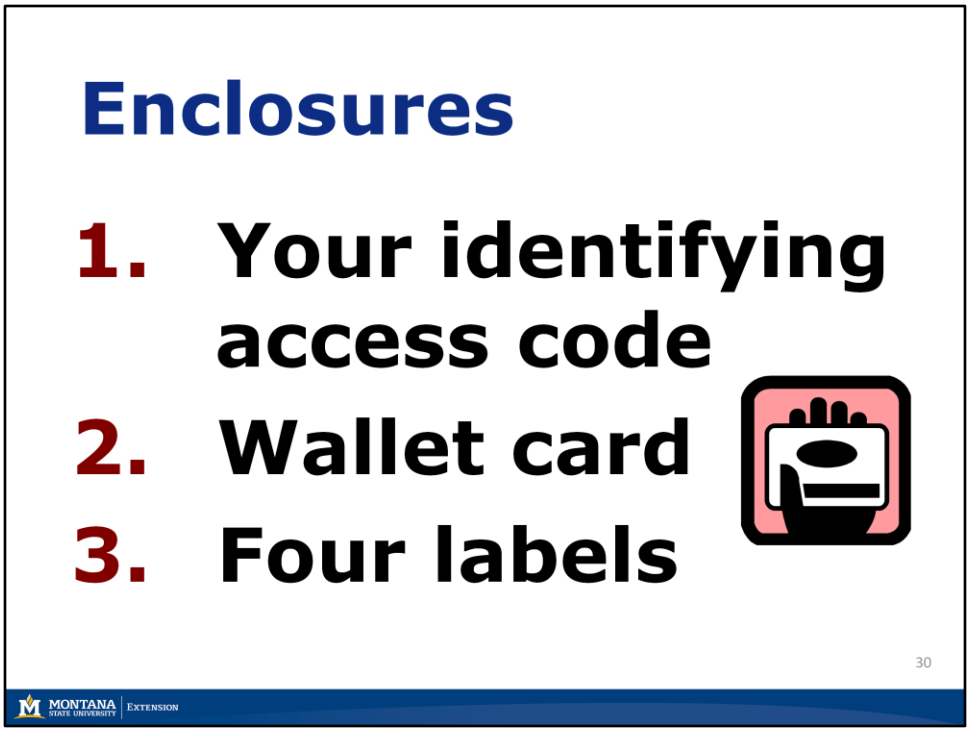
Send both completed forms to:

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



Slide 28
(Notification):

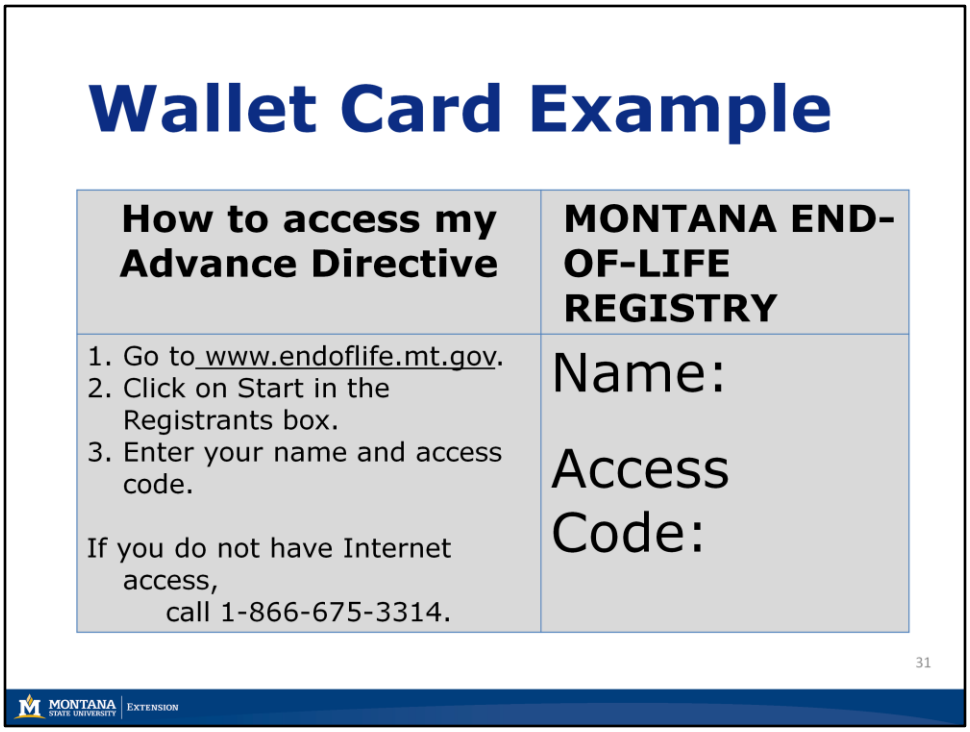
Then sit back and wait for notification confirming your registry. Generally a letter will be sent in about 3 weeks.



Slide 29
(Enclosures):

The notification envelope will include these items:

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



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.

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.

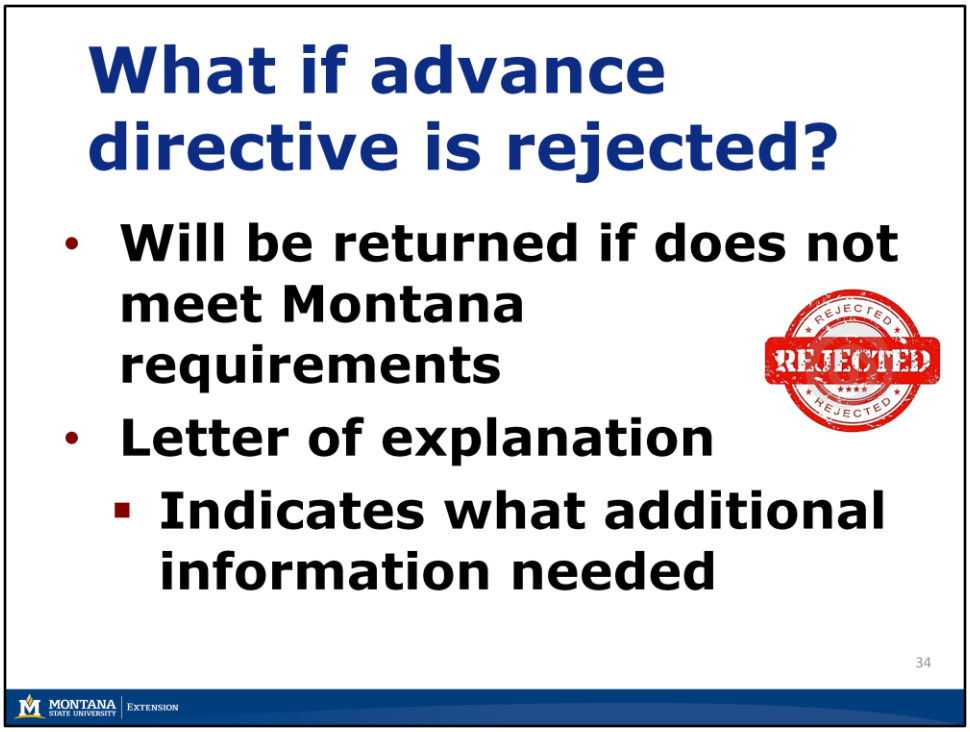
Slide 32
(Labels):

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:

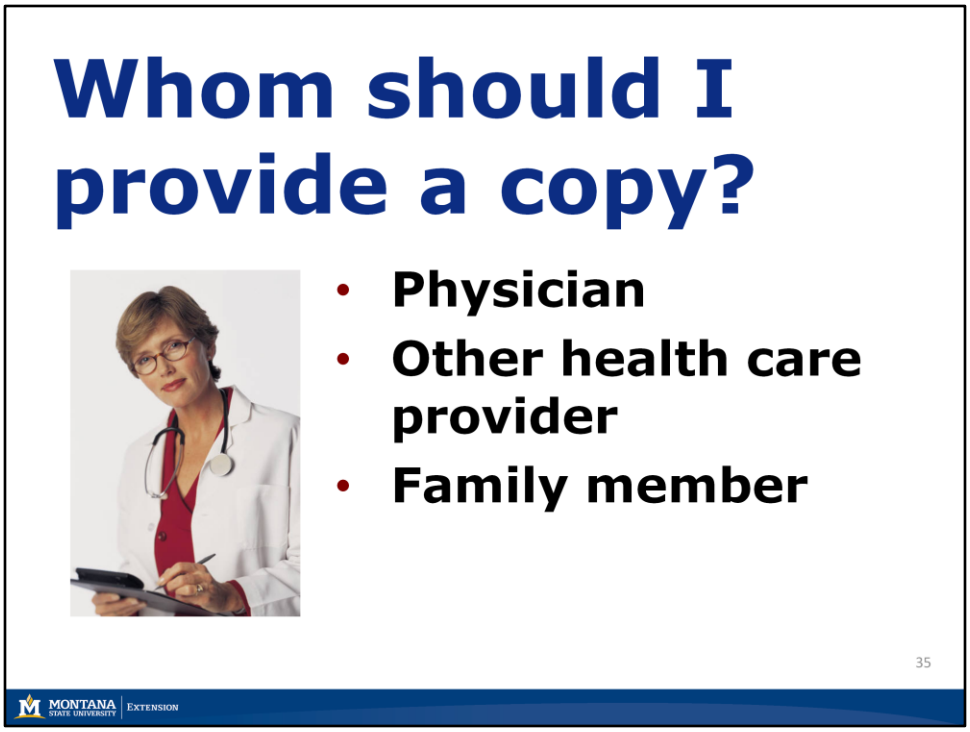
Where else do you think the label should be placed?



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



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:

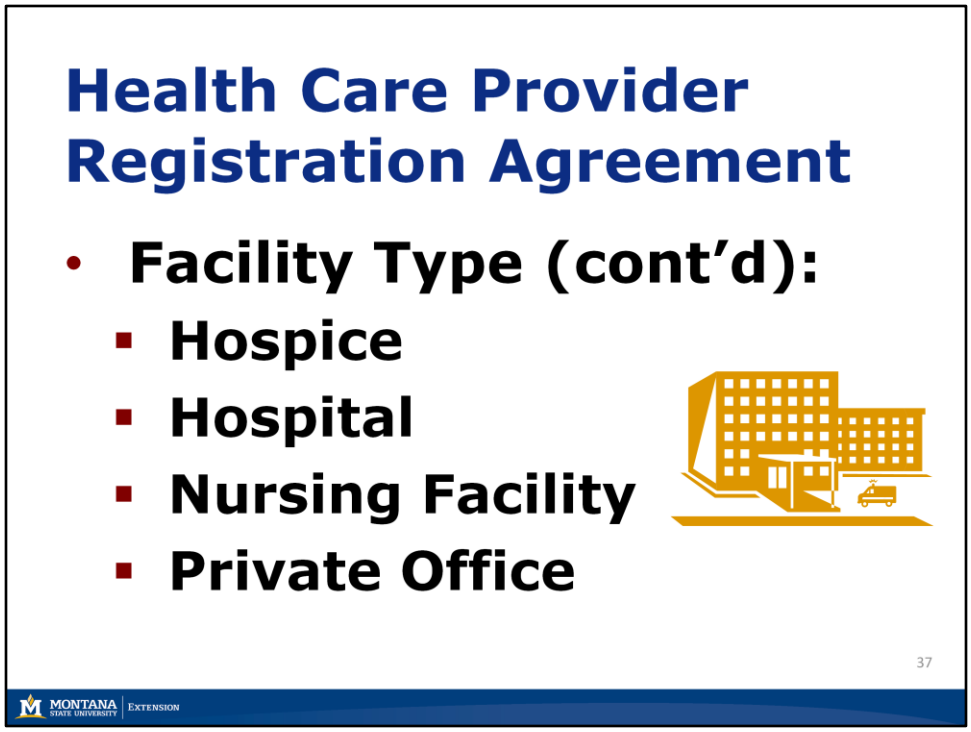
Can you think of anyone else who should have a copy of your advance directive?

Slides 35:

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

Eligible Health Care Providers include:

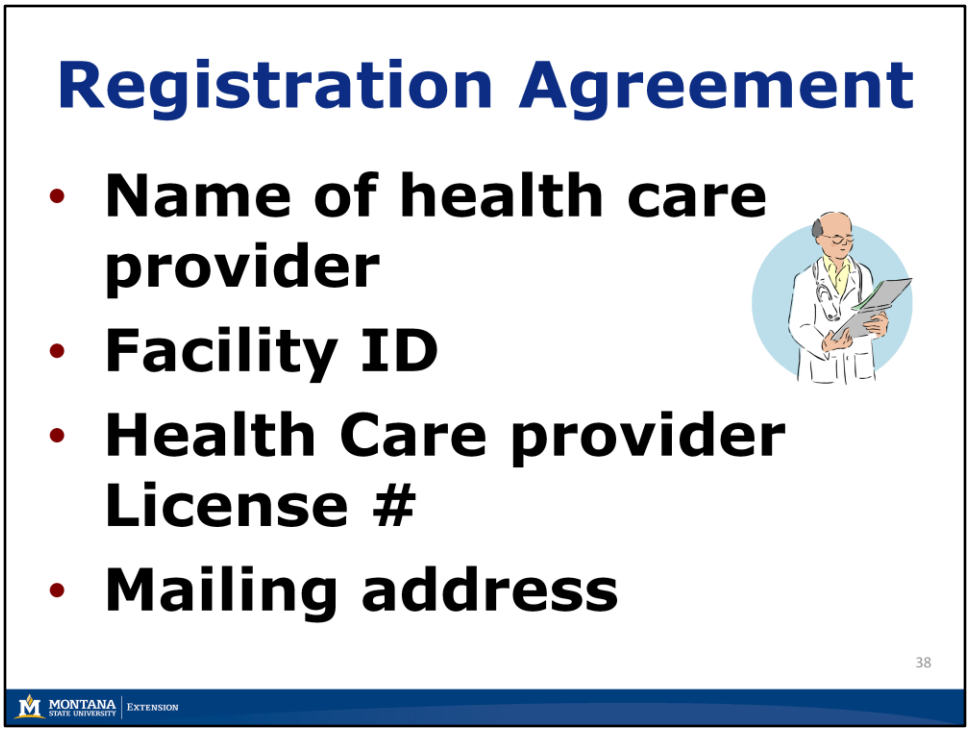
- Ambulatory Surgery Facilities
- Clinics
- Home Health Care Agencies



Slides 36
(Health Care Providers) cont.:

Additional Eligible Health Care Providers include:

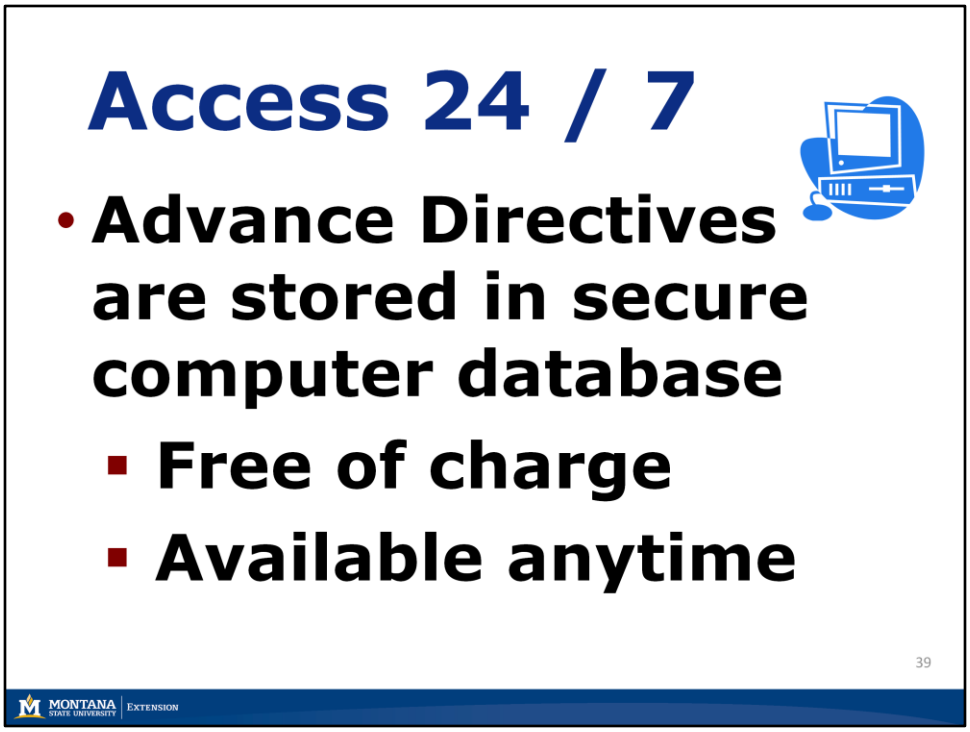
- Hospices
- Hospitals
- Nursing Home Facilities
- A private physicians office



Slide 37
(Registration Agreement):

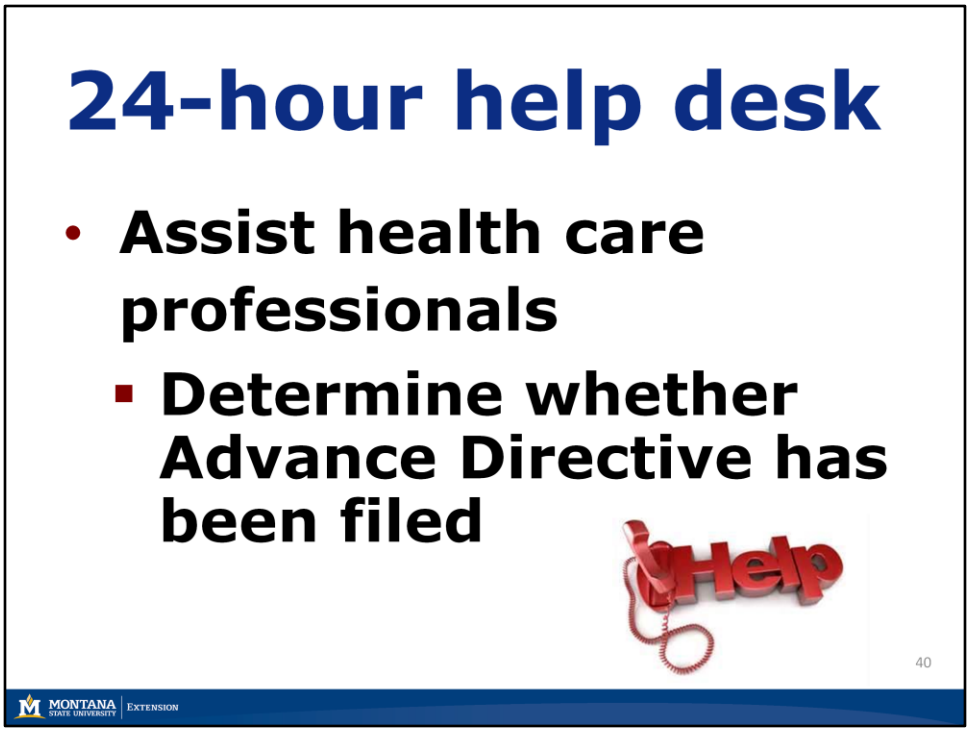
Eligible Health Care Providers need to complete a registration agreement that contains the following information:

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



Slide 38
(Availability):

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



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.

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

Slide 41
(Addition Information):

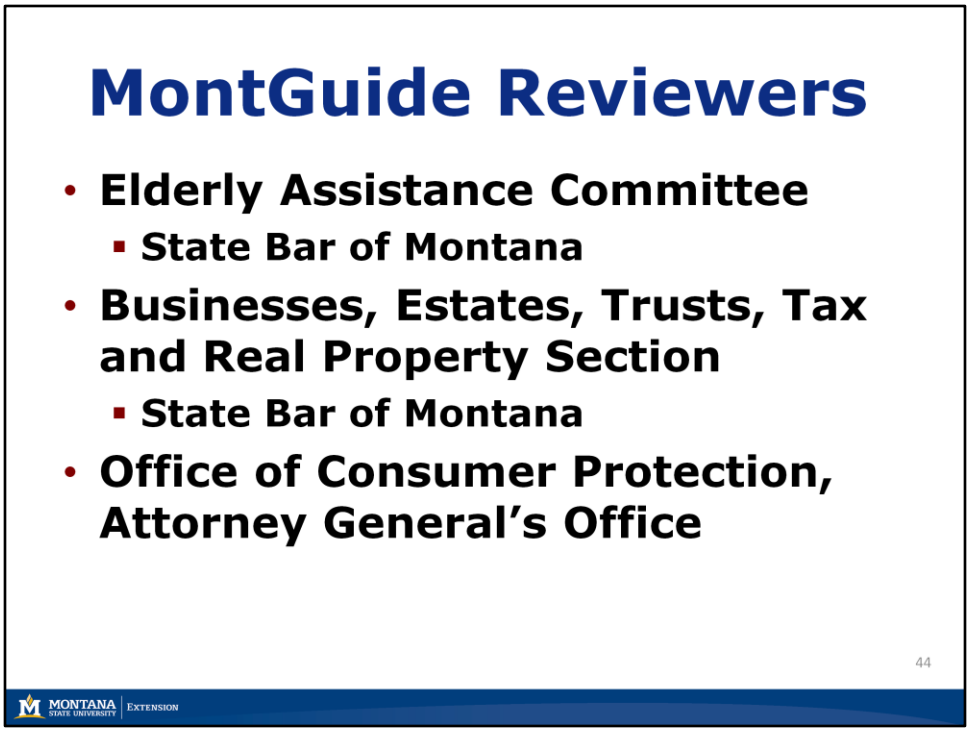
For further information contact Joel Eliel at the Office of Consumer Protection:

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

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

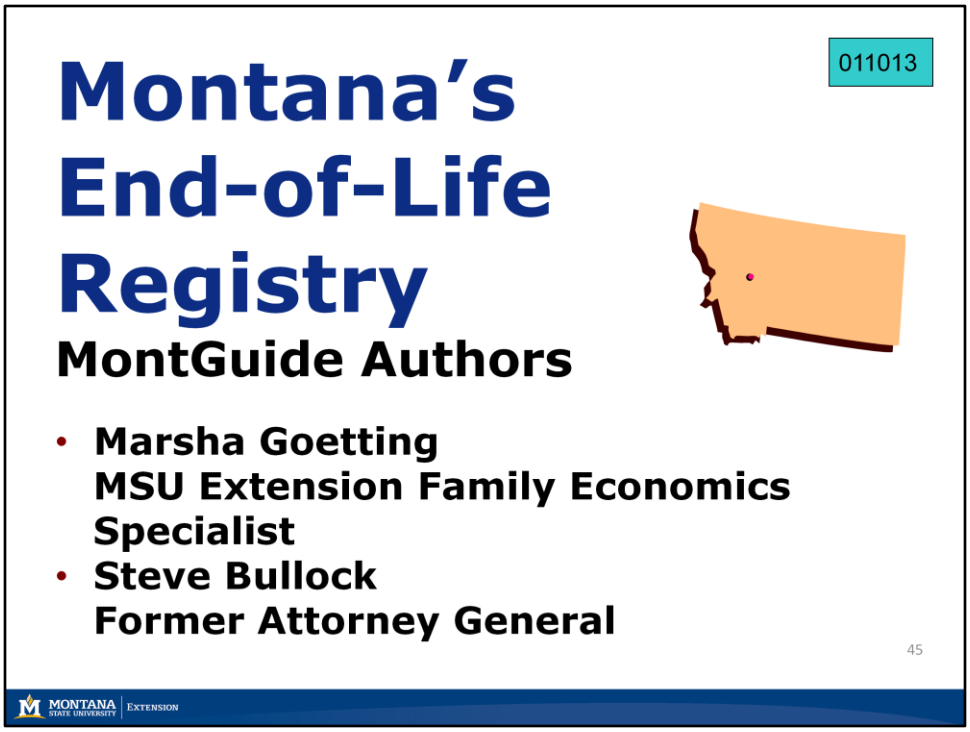
Address, phone numbers and Web site addresses are provided on page 4 of the MontGuide



Slide 43
(Reviewers):

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

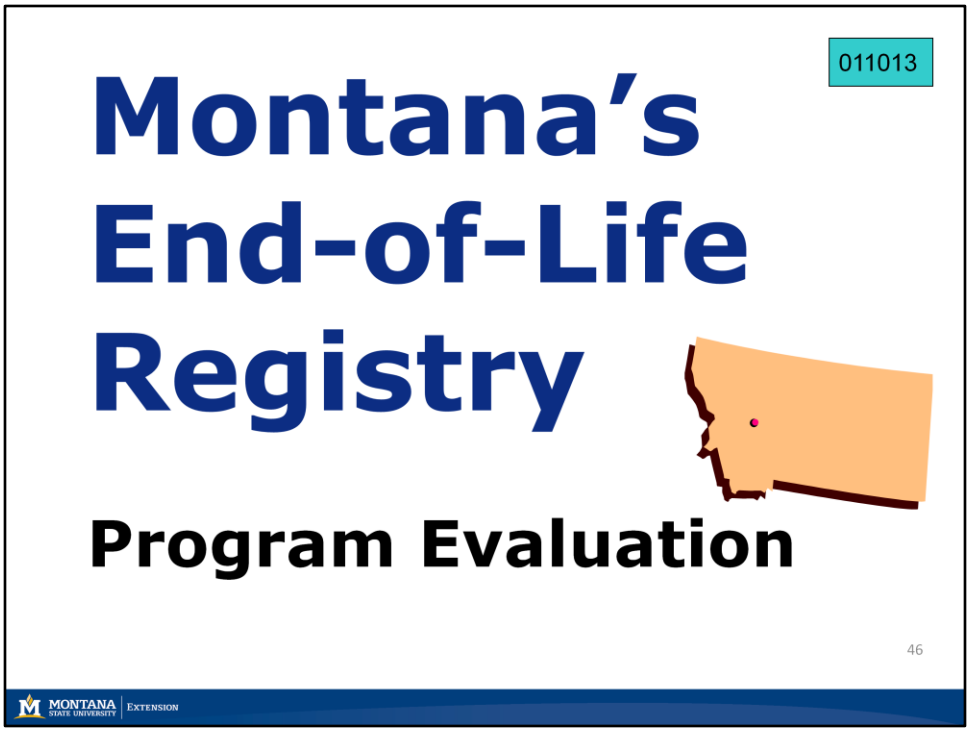
- Elderly Assistance Committee (State Bar of Montana)
- Businesses, Estates, Trusts, Tax and Real Property Section (State Bar of Montana)
- Office of Consumer Protection (Attorney General's Office)



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

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

Steve Bullock, Attorney General



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

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