



**6 STEP PROGRESS TIMELINE** What do I need to do? Mark off progress with dates.

<b>Documents</b>	<b>1 Consider</b>	<b>2 Decide</b>	<b>3 Document</b>	<b>4 Share</b>	<b>5 Done</b>	<b>6 Next Review/Share</b>
MOLST for PCP, all Drs. via CRISP						
Will, Finance POA, assets						
Medical POA, Proxy						
Advance Directive						
Advance Directive Dementia						
Advance Care – Dementia						
Guardianship						
Trust						
Life Ledger						
Authorization Access to Medicare						
Authorization to Access Apartment						
Letters to Loved Ones						
File of Life						
Role Reversal with Partner			NA			
Insurance Plans: Life, L T C, Medigap						
Others						

## Checklist / Questions to Answer: adapted from program for Solo Agers, Iona Senior Services.

### Legal/ Financial Documents:

I have:

**Durable Financial Power of Attorney** (document that designates someone to handle financial affairs in the event I am unable to do it)

My agent has a copy and understands my wishes (Person you appointed in the POA)

I shared the location. My agent or someone I trust knows where to locate the original. See Life ledger

**Completed paperwork w all institutions where I bank, insurance, brokerage, other financial accounts allowing my agent access if needed.**

I have ensured proper documentation with each institution

**A Will/and Trust if relevant**

It is up to date (ideally revised within 5 years-especially after changes in beneficiaries due to deaths, births, marriages/divorces, or other circumstances)

I have funded my trust by transferring assets into it when applicable.

I know where the original is. It's NOT in Safety Deposit Box

I shared location. The executor/personal representative knows where the original is. (See Life Ledger)

I have told my executor/personal representative that I have named them and given them a copy.

**A List of Health Insurance coverage**, including Medicare, secondary health insurance, and if applicable, Medicaid or Long Term Care Insurance (SEE Life Ledger)

I shared it. My financial or health care agent knows where to find it. My family knows my plans.

The list includes names of insurer, policy numbers and customer service numbers (See Life Ledger)

My financial or health care agent knows where to find my long term care insurance policy if I have one (See Life Ledger)

**A list of Passwords for online banking/bill pay/charitable donations (See Life Ledger)**

**A list of recurring, automatic payments** (to make it easier for you or your agent to monitor or stop payment if necessary)

I shared. My financial agent knows where to find it (see Life Ledger)

**A pension with beneficiaries**

I shared location and my family knows the terms See Life Ledger

**A contract with EricksonLiving, Riderwood** Terms of residency, possible costs: fee for service etc

---- My agent, family knows its terms and location.

## Some additional financial issues to consider and share:

Should one partner pass on, what is the best option for the surviving partner ? Remain in same apartment? share an apartment with a friend? move to a smaller apartment? Move to another location?

What are the financial implications for each option?

\_\_\_ My family is aware of my financial arrangements with RWV YES NO

\_\_\_ My family understands the terms of my will and financial Power of Attorney, trust if applicable. YES NO

\_\_\_ My agent and family know my plans for special needs, care for dependent child, responsibility for family member YES NO

\_\_\_ Real Estate Assets, if applicable. My agents, family know terms and plans. See life ledger.

\_\_\_ I have Long Term Care Insurance coverage? See Life Ledger What are the terms of coverage?

\_\_\_ My family members or agent/ s know the terms ( payment only for Certified Home Health Aides?)

\_\_\_ I have Life Insurance See Life Ledger

\_\_\_ My agents, family know the beneficiaries and terms

\_\_\_ I have IRAs, Roth IRAs See Life Ledger

\_\_\_ My family / agents know the beneficiaries and responsibility for Required Mandatory Distribution

# Health Care Documents:

## 1. [CRISP – Chesapeake Regional Information System for our Patients](#)

Chesapeake Regional Information System for our Patients. **CRISP** is a regional health information exchange (HIE) serving Maryland and the District of Columbia. It is a non-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region. **CRISP has been formally designated as Maryland's statewide health information exchange by the Maryland Health Care Commission. Health information exchange allows clinical information to move electronically among disparate health information systems. The goal of the HIE is to deliver the right health information to the right place at the right time - providing safer, timelier, efficient, effective, equitable, patient centered care. In doing so, CRISP offers a suite of tools aimed at improving the facilitation of care for our region's providers.**

Ask your Primary Care Physician (PCP) for more information.

2. **MyMedicare Account** You can set up a private online Medicare Account to simplify processing information from Medicare. Go to [www.MyMedicare.gov](http://www.MyMedicare.gov) to set up your own online Medicare account. Then you can view your Medicare claims as soon as they're processed, see a calendar of current and upcoming preventive services, keep track of your prescription drugs all in one place and view and print your Medicare card. **Your own online Medicare account will also let you designate another person** to review your Medicare information by filling in an online form, without the hassle of sending for the form, filling it out and mailing it. That is a good step to take if you think you may become incapacitated in the future. Arrange for access by your Medical Proxy and your Executor.

I have:

**Healthcare Power of Attorney (POA)**, a document that designates someone to make health care decisions in event I am unable to do so either temporarily or permanently)

I shared. My agent and back up agent, if any, have a copy

Someone I trust knows where to find it, especially in an emergency

I have discussed my preferences for care at the end of life with my Healthcare POA, (Medical Proxy)

There is a copy at my primary care doctor's office and any specialists I wish.

I authorized it for sharing on CRISP

I have shared it with the RWV Social Worker in my neighborhood for appropriate distribution through RWV

\_\_\_ **Living Will/Advance Directive** (written, legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself, including if you are terminally ill, seriously injured, in a coma, in late stages of dementia, or near the end of life.)

\_\_\_ My agent and back up agent, if any, have a copy

\_\_\_ I shared it with my Primary Care Physician and authorized it to be uploaded on CRISP

\_\_\_ Someone I trust knows where to find it, especially in an emergency

\_\_\_ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

\_\_\_ **Living Will/ Advance Directive for Dementia** My written instructions I wish to be followed if I am unable to make express them.

\_\_\_ I shared it. My agent and back up agent, if any, have a copy

\_\_\_ I shared it with my PCP and uploaded it on CRISP

\_\_\_ Someone I trust knows where to find it, especially in an emergency

\_\_\_ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

\_\_\_ **Advance Directive for Dementia Care**

\_\_\_ I shared it with my agent and back up agent, if any, and they have a copy

\_\_\_ I shared it with my PCP and uploaded it on CRISP

\_\_\_ I shared it with someone I trust who knows where to find it, especially in an emergency

\_\_\_ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

\_\_\_ **Updated List of current health problems, significant health problems, current medications/dosages: see Life Ledger, File of Life**

\_\_\_ I shared Life ledger. My healthcare agent and back-up agent know where to find all this information, especially in an emergency

\_\_\_ **List of all Doctors' names and access numbers—see Life Ledger**

## IN CASE OF EMERGENCY

I have:

**A complete File of Life or equivalent that contains:**

Name, date, address, Dr's name/number. Preferred hospital, emergency contacts, basic medical data (Medical conditions, current medications (dosage and frequency) allergies, recent surgery, pharmacy name/phone number, date of birth, blood type, religion, location of healthcare POA and living will/advance directive and medical insurance information

It is up to date (reviewed every 6 months)

It is easily accessible by medical personnel  in wallet and  on refrigerator;  inserted in RWV name badge

I shared it. At least one trusted person has a copy or knows where to find it.

**MOLST Medical Orders on Life Sustaining Treatment** (Information on CPR and emergency measures I wish or do not wish for EMTs and Security Department Personnel)

I have discussed with my Dr/Drs who have signed off on it and kept original on file in medical office

I have reviewed it to update after any changes in health circumstances Last date \_\_\_\_\_

I have made a copy and posted on refrigerator in File of Life

I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

**An In case of Emergency ICE app on my smartphone (if relevant)**

I have filled it out completely with relevant contacts and health information

**A Personal Response /Medical Alert System** ( a way to alert people I need help)

I keep it charged with fresh batteries

I wear and carry it at all times when alone in my home

**Medic alert jewelry that I wear to alert first responders to my medical conditions if relevant**

**A plan for care of my pets if relevant See Life Ledger**

It includes written instructions about food, medicine, dogwalker, veterinarian etc

It includes a plan for short-term, emergency help

I shared this information with the back-up caregiver

**DEATH: I have:**

**A list of people to alert- see Life Ledger**

It includes my executor, next of kin, close friends, faith community contact, as well as any service personnel such as housekeepers, home health aides etc)

**A Will** naming executor/s; estate plans, Beneficiaries

I have talked with Executor/s and they know where the will is.

Someone I trust knows where my Will is. It is NOT in my Safety Deposit Box. See Life Ledger

**Burial or Cremation Wishes/ Pre-paid Arrangements** See Life Ledger

**Memorial Service/funeral plans or wishes (music, readings etc)** See Life Ledger

**A draft Obituary** See Life ledger

I shared it, have provided this information to trusted persons OR it is in a very obvious place in my home and I have told them where it is

**A list of current passwords to online sites** See Life Ledger

I shared it, put in a safe place in my home and a trusted person knows where to find it

It contains passwords for email, social media, all accounts someone else might need to access

**RWV Authorization to enter my apartment**

I have authorized entry to my apartment by trusted people with RWV Security Department.

I have shared with trusted people the post-death procedures for RWV- Move out, repayment of deposit terms, funeral options

**Authorization to Access My Medicare Records**

Permission on file with medicare.gov

I shared and have told trusted persons they are authorized to access my Medicare records

**Letters for mailing to Loved Ones**

A trusted person knows where they are and understands to send them

I have already sent them to loved ones.

**WORKSHEET for MY PERSONAL SUPPORT SYSTEM** Adapted from Solo Agers handout from Iona Senior Services

My social network of friends, family members, professional outside consultants, RWV staff can fill many supportive roles.

## 1. DECISION-MAKERS:

- a. **Health Care Power of Attorney:** Someone from your social network or professional Elder Law Attorney who can be legally appointed to make decisions about your healthcare including end of life decisions

**Documents:** Advance Directive/ Health Care Power of Attorney; Authorization to access your Medicare Records

**Requirements:** Does not need to be local; does not have to be the financial decision maker; does not have to be the same person as your advocate, navigator or caregiver  
DOES need to understand your wishes and be able to implement them

Who will do this for you?

Have you discussed this with that person? YES NO

If not, what are your next steps?

- b. **Financial Power of Attorney:**

**Documents:** Financial Power of Attorney; paperwork from your financial institutions; list of financial institutions, websites, passwords, security questions

**Requirements:** Does not have to be local (can handle from a distance through on-line banking)  
Does need to be trustworthy

Who will do this for you?

Have you discussed this with that person? YES NO

If not, what are your next steps?

Does your family know who this person is?



**Does your family know the financial commitments to RWV?**- fee for service, terms for return of deposit, 3 month fees after apartment is vacated? Benevolent Care Fund and Spend-down process, Treasure Chest

**Do you have Long Term Care Insurance coverage?** See Life Ledger What are the terms?

**Do your family members or agent/ s know them?**

**2.ADVOCATES/NAVIGATORS:** Possible family members or friends who could come to the hospital or accompany you to medical appointments and communicate with your Health Care Decision maker. Your advocate / navigator could also be a professional Care Manager. Your Advocates/Navigators should be local; should be good communicators and not be afraid to ask questions of health care professionals

**Example:**

**Documents:** Consent for medical Professionals to release information; list this person as your emergency contact in File of Life and with Health Care Providers;

**Who will do this for you?**

**Have you discussed this with these persons? YES NO**

**If not, what are your next steps?**

1.

2.

3.

**ADVOCATES /NAVIGATORS may be both Personal Contacts and / or Professionals**

**PERSONAL ADVOCATES:** Local trusted friends or family members to whom you have given permission to share warning signs of serious changes in your abilities or behaviors. They may be a point of contact /intermediary between you & family, Resident Services Coordinator/Social Worker or other professional agents. These advocates are people you trust with perspectives in: **Social Changes:** hygiene, withdrawal, household management, transportation, etc. **Health Changes** in mobility, memory, hearing, vision, breathing, and attitude such as fear or suspicion, etc. **Financial Changes** spending, paying bills/taxes, and tracking finances, etc. Your Advocates serve as first alert of need for additional services.

Name: Friends, family	Tasks they can help with now or in future	Discussed w/ person? Y / N	If no, next steps? Discuss, agree & share w/ family or agents
1.			
2.			
3.			
4.			
5.			
6. RWV Neighbors in Deed	Pet walking, meal delivery, Computer help, mail, etc		

**PROFESSIONAL ADVOCATES/ ORGANIZATIONS:** RWV staff or outside providers. Must be trustworthy, local, reliable, patient and good communicators. For more advanced or serious support such as legal, financial, medical areas, must be credentialed/ certified.

**Names:**

**RIDERWOOD RESOURCES**

**RWV Resident Services Coordinator (RSC)/ Social Workers (SW) in each neighborhood START HERE**

My RSC/SW is \_\_\_\_\_ I have met and connected with him/her. Yes NO Next steps?

**RWV Finance for closing apartment, spend down, Benevolent Care Fund**

**RWV Home Support for Household or general support tasks**

**RWV Home Health for Medical support**

**RWV Intermissions**

**RWV Rehabilitation**

**RWV Assisted Living**

**RWV Arbor Ridge Memory Unit**

**RWV Arbor Ridge Long Term Care**

**COMMUNITY RESOURCES:**

**Life Care Managers** See Aging Life Care Association to find a Life Care Manager <https://www.aginglifecare.org>

**Money Management Service** See American Association of Daily Money Managers <https://secure.aadmm.com>

**Aging Services Agency** See Iona Eldercare Locator for professionals: <https://eldercare.acl.gov/Public/Index.aspx>

**Elder Law Attorneys** <https://www.naela.org/findlawyer> National Association of Elder Law Attorneys