

Statewide Analysis of Advance Directives Utilization

Introduction:

The purpose of this research on behalf of Montana Generational Justice (MGJ) was to reach out to a variety of healthcare facilities in the state of Montana, spanning urban, rural, and frontier locations (totaling 13), to determine who is assisting residents in the completion of advance directives: Durable Healthcare and Financial Powers of Attorney.

Contacts at the facilities were asked a set of basic data questions:

- Has anyone or any group contacted you, offering to help educate or complete advance directives?
- What does the admission process look like – are advance directives required for admission?
- If a resident asks for assistance in completing advance directives, who helps?
- Who updates/changes advance directives?
- What resources do you draw from or offer for residents needing assistance in completing advance directives?

State-run Veterans' Homes:

There are two Veterans' Homes that are run by the State of Montana. Montana Veterans' Home, Columbia Falls and Eastern Montana Veterans' Home, Glendive. Residents are required by the VA to have their advance directives completed before admission. Neither Home receives many requests by residents to have their advance directives updated. There are no legal advocates who come to the facilities. If a resident's advance directives need to be updated, there is a process for it, which would likely be going through an administrator or social services representative who would assist in finding someone to help. At Eastern Home, a physician helps change/update healthcare advance directives.

Assisted Living Facilities and Nursing Homes:

While some assisted living facilities and nursing homes require residents to have completed powers of attorney, namely healthcare advance directives, before being admitted to the facility, most do not. The preference is that residents have completed advance directives before coming to a facility.

Social services representatives, human resources persons, and nursing staff understand the importance of having advance directives/powers of attorney documents. There is a trend of social services staff helping residents complete healthcare documents, but they are using documents they believe to be advance directives and powers of attorney, such as My Choices, 5 Wishes, and POLST. These documents are merely for medical guidance and may not be legally enforceable. Other documents being recommended to residents are from the internet which may not be specific to Montana. A few facilities expressed that online forms they provide or recommend come from the Montana Courts website (<https://courts.mt.gov> > State Law Library > Forms).

Most facilities would like to be proactive and are supportive of receiving education about advance directives and powers of attorney for both staff and residents. Several expressed that having a legal clinic on-site or via phone would be helpful and beneficial. In some cases, facilities have policies prohibiting them from helping residents complete any advance directives, in which case they recommend residents seek the assistance of an attorney. All but one facility indicated they do not help residents complete financial powers of attorney; if they need assistance with financial powers of attorney, they are told to seek help from an attorney.

Limited outreach is occurring regarding education about and assistance with advance directives/powers of attorney documents. One rural farming community facility receives help from the County Attorney who has a family member in the facility. A legal pro bono group assists him as well. One facility in Billings receives assistance from Elder Law attorneys. Another facility in Billings indicated MGJ could be added to a resource list they have available for residents. Some facilities have Ombudsman who visit monthly and may talk about advance directives.

I attempted to contact facilities in the frontier portion of Montana, namely three, in the communities of Ashland, Groveland, and Savage. I was unsuccessful to speak with a staff member. They were unreachable, busy, or unwilling/uninformed to discuss.

Aside from the rural farming community and the two facilities in Billings, no facility interviewed in this sample has been approached by other groups or organizations offering advance directives/powers of attorney document assistance.

Hospitals:

Connecting with hospitals was challenging. Several call attempts to the social services departments yielded voicemail contacts. In this case, I identified myself, gave a brief description of the nature of my research call, offered the possibility of the hospital hosting a legal document clinic, and asked for a return call with which data/input/feedback could be gathered.

Paralegals:

Internet research provided a list of ten (10) paralegals classified as offering independent paralegal services in Montana. In reaching out to them, to see what documents they primarily complete, for who, and in what settings, half were law firms who had advertised paralegal work and the other half were phone numbers that were disconnected or seemed to be non-business. Paralegals who may work on these documents could be listed on the Montana Association of Legal Assistants & Paralegals website (<https://maolap.wildapricot.org>), but one needs a membership to access member information. Aside from the independent paralegals who collaborate with MGJ, there are no advertised independent paralegals working on advance directives/powers of attorney documents.

Conclusion:

This scope of this research provides a sample of Montana advance directive usage specifically in facilities in urban, rural, and frontier communities across the state. This sample shows limited to no groups, individuals, or organizations are reaching out to healthcare facilities to assist residents in the completion of advance directives/powers of attorney documents. While the research is not exhaustive, it demonstrates a gap in knowledge about and access to up-to-date, comprehensive, and legally enforceable advance directives/powers of attorney documents.

These interviews were vital in gaining direct knowledge of what resources are available to some facilities and what barriers and challenges they face individually and collectively. Nearly all the discussions resulted in an expressed interest in how MGJ may be able to help now and in the future with advance directives. Social service representatives and nursing staff alike expressed interest in receiving

education and advance directives/powers of attorney assistance services. There is a tremendous opportunity to reach out across the entire state of Montana to ensure residents in these facilities are provided with proper and appropriate legally enforceable documents.

MGJ has been part of a collaborative legal/medical working group consisting of the State Bar of Montana, Health Law Section, the Business and Estate Tax and Real Estate (BETR) Section, Palliative Care, medical providers, and MSU Extension Service, which has resulted in a model durable healthcare power of attorney being recommended. This document provides a proper and appropriate legally enforceable advance directive for individuals. In addition, MSU Extension Service will have an updated Mont-Guide on this model healthcare power of attorney (example: power of attorney guide – msuextension.org/publications/FamilyFinancialManagement/MT199001HR.pdf).

Contact information has been obtained from facility representatives interested in future communications and discussions about how MGJ can assist in education and completion of advance directives/powers of attorney documents.

Methodology and Data:

A goal was set to contact 30 total healthcare facilities in urban, rural, and frontier locations in Montana, to interview using the data questions.

Calls were made to 27 healthcare facilities. Of the 27 healthcare facilities called, 48% responded and 52% could not be reached.

Of the 48% who responded, 23% had been approached by an individual or group offering assistance with advance directives/powers of attorney documents, while 77% had not been approached by an individual or group offering assistance with advance directives/powers of attorney documents.

Of the 48% who responded, 46% are using healthcare documents that may not be legally enforceable. The remaining 54% suggested residents use ‘internet forms’ or did not indicate what forms could be used.

This data analysis demonstrates a gap in knowledge about and access to up-to-date, comprehensive, and legally enforceable advance directives/powers of attorney documents.

References:

<https://courts.mt.gov>

<https://maolap.wildapricot.org>

<https://msuextension.org>

Tollefson, P. (2019, October 25). Montana has received 1,600 calls about elder financial exploitation so far this year. *The Billings Gazette*. Retrieved from <http://billingsgazette.com>

Appendix:

Facility Call Log

Data Table

Form A Model Healthcare Power of Attorney

Form B Model Use of Life Sustaining Treatment

Form C Model Additional Directions

MGJ Clinic Flyer

Billings Gazette article

(This information is for comparison. Clinic focus of this group is elder fraud and exploitation.)

FACILITY	TYPE	RESPONSE	CONTACT PERSON	PHONE NUMBER	EMAIL	CITY	TYPE OF AREA	REGION
Montana Veterans Home	State run	Y	Margie	406-892-3256		Columbia Falls	Rural	NW
Eastern Montana Vet Home	State run	Y	Ellen	406-345-8855		Glendive	Rural	EASTERN
Prairie Ridge Village	Assisted living	Y	Paulette	406-228-2208	pknaff@nemont.net	Glasgow	Rural	NE
Riverside Healthcare	Nursing home	Y	HR/Social services	406-721-0680		Missoula	Urban	WESTERN
Bridger Rehab	Nursing home	Y	Myra	406-587-4404	myra.matson@bridgercc.com	Bozeman	Urban	SWC
Cedarwood Healthcare	Nursing home	Y	Admissions	406-446-2525		Red Lodge	Rural	SC
Morning Star	Assisted living	Y	Jamie	406-652-9303		Billings	Urban	SE
Cherry Hill	Assisted living	Y	Barb Saint	406-827-1272	cherryhill@blackfoot.net	Thompson Falls	Rural	NW
St. Luke's	Nursing home	Y	Britta Shirliff	406-676-3600	bshirliff@stlukehealthcare.org	Ronan	Rural	NWC
Valle Vista Healthcare	Nursing home	Y	Cathy Phillips	406-538-8775	cathy.phillips@vallevistamanor.com	Lewistown	Rural	CENTRAL
Butte Continental Care/Rehab	Nursing home	Y	Chad Peterson	406-723-6556	chad.peterson@continentalcare.org	Butte	Urban	SW
Liberty Medical	Assisted living	Y	Kay	406-759-5194		Chester	Rural	NC
Highgate Senior Living	Assisted living	Y	Megan Wilson Mindy - Social	406-651-4833	billings.crc@highgateseniorliving.com	Billings	Urban	SE
Apple Rehab - Cooney	Nursing home	N	Worker/Admissions	406-447-1651		Helena	Urban	CENTRAL
Beartooth Healthcare Community	Nursing home	N		406-322-5342		Columbus	Rural	EASTERN
Discovery Care	Nursing home	N	Karol Johnson	406-363-2273		Hamilton	Rural	SW
Kindred Transitional/Park Place	Nursing home	N	Stephanie Gerrero	406-761-4300		Great Falls	Urban	NC
Libby Care Center	Nursing home	N	Jamie - Social Services	406-291-9180		Libby	Rural	NW
Missouri River Center	Nursing home	N	Laura - Social Services	406-771-4500		Great Falls	Urban	NC
Missouri River Center	Nursing home	N	Lindsey - Long term care	406-771-4521		Great Falls	Urban	NC
Community Hospital	Hospital	N	Janelle Mings	406-728-4100		Missoula	Urban	WESTERN
Kalispell Regional	Hospital	N	Utilization Services RN Care Management -	406-752-5111		Kalispell	Urban	NW
St. Vincent Healthcare	Hospital	N	Utilization Review	406-657-7000		Billings	Urban	EASTERN
Benefis	Hospital	N	Pam - Social Services	406-455-5000		Great Falls	Urban	NC
Providence / St. Pat's	Hospital	N	Erin - Social Services	406-543-7271		Missoula	Urban	WESTERN
Livingston Healthcare	Hospital	N	Tonaltzin - Social Services Brandy - Business Office	406-222-3541		Livingston	Rural	SC
Bozeman Lodge	Assisted living	N	Manager	406-219-4257		Bozeman	Urban	SC

Facility	Montana Veterans' Home	Eastern MT Veterans' Home	Prairie Ridge	Riverside HC	Bridger Rehab	Cedarwood	Morning Star	Cherry Hill	St. Luke's	Valle Vista	Butte Continental Care	Liberty Medical	Highgate Senior Living
Type of facility	State run	State run	Assisted living	Nursing home	Nursing home	Nursing home	Assisted living	Assisted living	Nursing home	Nursing home	Nursing home	Assisted living	Assisted living
Have you been approached by other groups or organizations offering assistance?													
Yes							X			X			X
If yes, who?							X Attorney may come to the facility. Willing to put MGJ on list of resources						
No	X	X	X		Refer residents to travelling notaries	X	Ombudsman visits once a month	X	X	County Attorney & Legal Pro Bono Group	X	X	Elder Law attorneys
Documents required for admission?													
Yes	X	X		X						Ask to complete in first few days	X - POLST		
No			X		X	X	X	X	X	X		X	X
Want/support education and/or legal clinic?													
Yes			X				X	X	X	X		X	
No	X	X											
Documents used in their facility													
5 Wishes			X										
My Choices													
POLST						X			X				
Internet forms					X			X		X - state forms	?		
Who is assisting?													
Physician		X			X								
Nurse			X						X				
Social Services	X								X	X	X	X	
Human Resources								X					
Attorney					X		X			X			X
What documents are you helping with?													
Healthcare									X	X	X	X	
Financial											X		

Health Care Power of Attorney Form A **version 11.12.19**

1. Appointment of Agent.

I, _____
[Insert your full legal name], hereby appoint the person named below as my Agent to act for me in matters about health care as authorized in this document.

Agent's Name: _____

Agent's Address: _____

Telephone Numbers: _____
Home Work Cell

2. Appointment of Back-up Agents.

If I revoke my Agent's authority or if my Agent becomes unwilling or unavailable to act or if my Agent is my spouse and I become legally separated or divorced, I name the following (each to act independently and successively, in the order named) as alternates to my Agent:

1st Back-up Agent: _____

Agent's Address: _____

Telephone Numbers: _____
Home Work Cell

2nd Back-up Agent: _____

Agent's Address: _____

Telephone Numbers: _____
Home Work Cell

If a lower priority Agent becomes authorized because of the temporary unavailability of a higher priority Agent, then my authority reverts to the Agent of higher priority when he or she becomes once again available to act for me.

While I am competent, I may revoke my Agent's authority at any time in writing signed by me or by a verbal statement made by me in the presence of the person relying upon such revocation. If I do so, the Agent with the next highest priority who is available shall become my Agent.

Your Initials: _____

Date: _____

3. Agent's Authority and Obligations.

My Agent has the authority to make health care decisions for me and to act as my personal representative, as the term is used in the Health Insurance Portability and Accountability Act (HIPAA). This Health Care Power of Attorney is durable and will continue to be effective if I become disabled, incapacitated or incompetent.

My Agent knows my goals and wishes based on our conversations and on any other guidance I have provided, including this Health Care Power of Attorney, and any other documents I have signed relating to my health care or end-of-life decisions. My guidance also includes any declarations about life-sustaining treatment (see Form B or similar document), directions about disposition of my remains, religious preferences, or where I prefer to die (see Form C or similar document). My Agent has full authority to make decisions for me about my health care according to my goals and wishes. If the choice is unclear, my Agent should decide based on what he or she believes to be in my best interests. My Agent's authority to interpret my goals and wishes and to act for me is intended to be broad and includes, but is not limited to, the following authorities:

- a. To agree to, refuse, or withdraw consent to any type of medical care, treatment, surgical procedures, tests, or medications. This includes decisions about using mechanical or other procedures affecting any bodily function, such as artificial respiration, artificially supplied nutrition and hydration (for example, tube feeding), cardiopulmonary resuscitation, or other forms of medical support, even if the decision is to stop or withhold treatment that could result in my death.
- b. To have access to medical records and information to the same extent I am entitled, including the right to disclose health information to others.
- c. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted-living or similar facility or service.
- d. To contract for any health care-related service or facility for me or apply for public or private health care benefits, with the understanding my Agent is not personally financially responsible for those contracts.
- e. To hire and fire medical, social service, and other support personnel who are responsible for my care.
- f. To authorize my participation in medical research related to my medical condition.
- g. To agree or to refuse the use of any medication or procedure intended to relieve pain or discomfort.
- h. To decide about body, organ and tissue donations.
- i. To execute Provider Orders for Life-Sustaining Treatment (POLST) on my behalf, provided that such POLST must be consistent with any advance directive I have previously signed and have not revoked.
- j. To take any other action necessary to accomplish what I authorize here, including the signing of waivers or other documents, pursuing any dispute resolution process, or filing claims or taking legal action in my name.

Your Initials: _____

Date: _____

4. When My Agent’s Authority Becomes Effective.

My Agent's authority to make health care decisions for me takes effect at the following time **[Choose either Option A or B, but not both, by marking the box in front of the option you choose]**:

- Option A: Authority is effective immediately:** My Agent's authority becomes effective immediately after I sign this document. However, I still have the right to make any decisions about my health care if I want to and have the capacity to do so.
- Option B: Authority is effective ONLY when I can NOT make my own health care decisions:** My Agent's authority becomes effective only when my attending or primary care physician, advanced practice registered nurse or other person I designate determines I lack the capacity to make my own health care decisions.

5. Guidance and Preferences (Optional).

[Below you may provide additional directions to your Agent to express your preferences about specific health matters. Examples include directions about blood or blood products; chemotherapy; diagnostic tests; surgery; and so on]:

My Agent should make decisions for me consistent with my directions below:

[You may attach additional pages.]

- I am attaching additional directions and preferences on separate page(s).

6. Nomination of Legal Guardian.

- I nominate my Agent (or my Back-up Agent if my Agent is unavailable or not willing to serve) as my legal guardian if it becomes necessary for a district court to appoint a guardian, with the legal authority to make decisions as determined by the court.

Your Initials: _____

Date: _____

7. Determination Regarding My Capacity to Make Decisions.

If it is necessary to determine whether I lack the capacity to make my own health care decisions, I appoint the following persons to make such determination [*You may choose one or more of the following persons to make a determination regarding your capacity by marking the box in front of the person(s) you choose. If you choose more than one, any of those chosen may make the determination without consulting the others you have chosen. If you do not choose any of these persons, a district court will make the determination*]:

- My attending or primary care physician or advanced practice registered nurse.
- The person named as Agent in this Health Care Power of Attorney (or Back-up Agent if my Agent is unavailable or not willing to make such determination).
- Other: *[insert name]* _____

8. Administrative Provisions.

- a. Health care providers can rely on my Agent. No one who relies in good faith on any representations by my Agent (including my Back-up Agent) is liable to me, my estate, or my heirs for recognizing the Agent's authority.
- b. I revoke any previous Health Care Power of Attorney I have signed.
- c. To the extent this Health Care Power of Attorney and any attachments are inconsistent with a prior advance directive or other document previously executed by me, this document shall have precedence.
- d. I direct my Agent and health care providers who are provided with this document to ensure any future Providers Orders for Life Sustaining Treatment (POLST) or similar document are consistent with my wishes expressed in this Health Care Power of Attorney, my most current Declaration for Use of Life-Sustaining Treatment (Living Will), such as that in Form B, and additional written directions related to my religious preference, preferred location of death, disposition of remains and other related matters, such as those preferences detailed in Form C or a similar document.
- e. I intend this Health Care Power of Attorney to be universal and valid in any jurisdiction in which it is presented.
- f. I intend for copies of this document to be effective as the original.
- g. My Agent (*check one*): **is** OR **is not** entitled to reasonable compensation for services performed under this Health Care Power of Attorney. Regardless, my Agent is entitled to reimbursement for all reasonable expenses resulting from acting under this Health Care Power of Attorney.
- h. If a court finds any provision of this Health Care Power of Attorney to be invalid or unenforceable, I intend this document to be interpreted as if that provision was not part of this document.

Your Initials: _____

Date: _____

9. Instructions for Optional Forms B and C.

*[You may provide additional instructions on the two forms following this Health Care Power of Attorney. **Form B** allows you to express your preferences about the use of life-sustaining treatment under the Montana Rights of the Terminally Ill Act. **Form C** provides an opportunity to indicate religious preferences, preferred location of death, and the disposition of your remains under the Montana Right of Disposition Act.]*

- I have provided additional instructions about the Use of Life-Sustaining Treatment on Form B or a similar document.
- I have provided additional directions about my religious preferences, my preferred location of death, and disposition of my remains on Form C or a similar document.
- I choose **NOT** to attach Form B or C.

10. Signature and Notary.

SIGNING BELOW, I INDICATE I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THE GRANTING OF A HEALTH CARE POWER OF ATTORNEY TO MY AGENT.

I sign my name to this instrument on this _____ day of _____, 20____.

Month Year

My Signature: _____

My legal Printed Name: _____

Current Home Address: _____

Telephone Numbers: _____

Home Work Cell

Witnesses are not a requirement of a Montana Health Care Power of Attorney.

Notary: *Montana law does not require a Health Care Power of Attorney to be notarized to be valid. Having the form notarized is recommended as evidence your signature is genuine.*

STATE OF MONTANA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20____, by

Month Year

Print name of signer

Notary Signature

**USE OF LIFE-SUSTAINING TREATMENT
(DECLARATION) VERSION 11152019
FORM B**

Instructions: Form B is optional. If you do not fill out Form B, your Agent still has authority to make treatment decisions based on your Health Care Power of Attorney.

The purpose of this form is to express your preference about the withholding or withdrawal of Life-Sustaining Treatment. Form B follows the **Montana Rights of the Terminally Ill Act**. Form B guides your Agent and your health care providers about life-sustaining treatment decisions at the end-of-life. Do not fill out this form if you want your attending physician or advance practice nurse to provide life-sustaining treatment within the limits of accepted medical practice, even if it only serves to prolong dying. (Additional information is in the MSU Extension MontGuide [Montana Rights of Terminally Ill Act – MCA §§ 50-9-101 et seq., MT199202HR](#)).

My Declaration on Use of Life-Sustaining Treatment.

I, _____ [*print your legal name*], aged 18 years or older and of sound mind, state that if:

- 1. I have an incurable and irreversible condition; and
- 2. In the opinion of my attending physician or attending advanced practice registered nurse,
 - a. This condition will cause my death within a relatively short time if life-sustaining treatment is not administered, and
 - b. I am no longer able to make decisions regarding my medical treatment, whether from incapacity, disability, or any other reason, then:

[Instructions: *Mark only one of the next two boxes. See witness requirements on page 2.*]

I direct my attending physician or attending advanced practice registered nurse to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

I appoint _____ [*print designee’s legal name*], or, if that person is not reasonably available or is unwilling to serve as my designee, _____ [*print alternate designee’s legal name*], to make decisions on my behalf to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

Your Initials: _____

Date: _____

I sign my name to this instrument on this _____ day of _____, 20_____.
Month Year

My Signature: _____

My Legal Printed Name: _____

Contact Information: _____
Address Phone

Witnesses: For this Declaration about the use of Life-Sustaining Treatment to be valid under Montana law, two individuals of sound mind and age 18 and older must witness your signature and sign below.

The declarant voluntarily signed this Declaration Relating to Use of Life-Sustaining Treatment in my presence.

1st Witness Signature: _____

Printed Legal Name: _____

Contact Information: _____
Address Phone

2nd Witness Signature: _____

Printed Legal Name: _____

Contact Information: _____
Address Phone

The signature of a Notary Public is not required on a Montana Declaration.

Additional Directions version 11152019
Religious preferences, Preferred location of death, and Disposition of remains
FORM C

Instructions: Form C is optional. If you do not fill out Form C, your Agent still has authority to make treatment decisions based on your Health Care Power of Attorney.

The purpose of Form C is to provide additional information to your Agent and family members about your spiritual or religious preferences. You may also express where you would like to be when you die, if possible. Form C can also guide your Agent and your family members to decisions you have made about the disposition of your body under the **Montana Right of Disposition Act**. (Additional details are provided in the MSU Extension MontGuide: [What Are Your Rights Over Your Remains? – MCA §§ 37-19-901 et seq., MT200918HR.](#))

1. Spiritual or religious preferences.

[mark only one box]

- I do not want any formal spiritual or religious support.
- I want spiritual or religious support.

My spiritual or religious community: _____

Contact person: _____
Name Mailing Address

Phone: _____
Home Work Cell

2. Preference for where I would like to be when I die.

[mark only one box]

I want to die in the following place, preferably with palliative care provided for my comfort and for relief from any last serious illness or condition.

- My home
- Hospital
- Nursing Home
- Assisted Living / Memory Care
- Other location (*please describe*):

3. Decisions About the Disposition of My Body After My Death.

After my death, I want my remains disposed of according to the choices I mark on the next page, based on the **Montana Right of Disposition Act**. (Additional details about each alternative are provided in the MSU Extension MontGuide [What Are Your Rights Over Your Remains? MT200918HR.](#))

Your Initials: _____

Date: _____

Instructions. Mark the following boxes, A – E, as applicable to your wishes.
[you may mark more than one box, as applicable]

A. No disposition direction. I do **not** wish to make any disposition directions or to authorize another person to control the disposition of my remains. I realize if I do not make any disposition preference, Montana law provides a priority list of individuals who can make the decision.

B. Prepaid Funeral Contract. I have a prepaid funeral contract with the following licensed mortuary [which may or may not be in Montana]:
_____ (Name of mortuary)
_____ (Name of state, town)

C. Video. I have made a video describing my wishes for my disposition. My signature on page three serves as my written confirmation of the video’s existence.
[Additional Instructions: Two witnesses who are at least 18 years of age must sign on page 3 to indicate they can attest to the video's accuracy either by witnessing its creation or by later reviewing it with you.]

D. Written Disposition Directions. I specifically direct my remains be disposed of according to the following preferences [You may include preferences for burial, cremation, funeral home, or any additional directions about the location, manner, and conditions of disposition of your remains, as well as arrangements for funeral goods and services.]:

I am attaching additional directions on separate page(s).
[Additional Instructions: Two witnesses who are at least 18 years of age and of sound mind must witness your signature on page 3 and sign on the appropriate line.]

E. Instrument to authorize another person to control the disposition of my body. I am at least 18 years of age and of sound mind. I designate the following individual as the person with the right to control the disposition of my remains:

[mark only one box]

- The Agent (or Back-up Agents) named in my Health Care Power of Attorney, or
- Another person: _____ [Print name].

This right to control of the disposition of my body by another person shall be [mark only one box]

- Absolute according to the above person’s discretion; or
- Limited by other directions I have provided in Form C.

[Additional Instructions: You must sign page 3 in front of a Notary Public.]

Your Initials: _____

Date: _____

I sign my name to this instrument on this _____ day of _____, 20_____.
Month Year

My Signature: _____

My Legal Printed Name: _____

Witness Instructions: *Witnesses are required if you checked box 3C or 3D on this form (Form C).*

I state that I am at least 18 years of age and of sound mind. The above named person voluntarily signed this form in my presence. For 3C box only, I attest to the video’s accuracy.

1st Witness Signature: _____

Printed Legal Name: _____

Contact Information: _____
Address Phone

2nd Witness Signature: _____

Printed Legal Name: _____

Contact Information: _____
Address Phone

Notary Instructions: *A Notary Public is required if you checked box 3E on this form (Form C).*

STATE OF MONTANA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20_____, by
Month Year

Print name of signer

Notary Signature

**MONTANA
GENERATIONAL
JUSTICE PROGRAM**

Friday, May 4, 2018

Helena College
1115 Roberts St.

John McCrea

Phone: 406-204-3401

JMcCrea@mtgenjustice.org

Legal Document Clinic



**MONTANA
GENERATIONAL
JUSTICE**

Peace of Mind for Generations

Department of Public Health & Human Services

Montana Generational Justice will be holding a
Legal Document Clinic

Friday, May 4, 2018 at
Helena College – 1115 N. Roberts St.
Helena, Montana

Trained legal professionals will assist participants in completing their estate planning documents at no cost. The program does not have income and age requirements.

These documents include:

- Beneficiary Deed
- Durable Power of Attorney for Health Care
- Durable Power of Attorney for Financial
- Declaration of Living Will
- Declaration of Homestead
- Simple Will

Space is limited and appointments must be made in advance of the clinic.

Questions or to register, contact John McCrea
Program Director at 204-3401

JMcCrea@mtgenjustice.org

Montana has received 1,600 calls about elder financial exploitation so far this year

PHOEBE TOLLEFSON ptollefson@billingsgazette.com Oct 25, 2019

So far in 2019, the state health department has heard from 1,599 callers worried that an elderly or disabled person they know might be subjected to financial exploitation.

Such exploitation often comes from someone misusing a power of attorney “to control a senior’s entire life,” even when the legal authority granted by the document is more limited, said Katy Lovell, Legal Services Developers program director.

The Department of Public Health and Human Services talked about those issues and more during its last legal clinic of the year in Billings on Thursday. During the workshop it provided basic estate planning services in an effort to curb exploitation of seniors. The clinic helped people write wills and living wills, create a homestead declaration, and establish power of attorney, among other things.

A crew of volunteers, including attorneys, notaries and social services employees, ushered participants Thursday through the process at the Adult Resource Alliance of Yellowstone County, in the Heights.

The event was open to anyone 60 years or older and to all enrolled tribal members.

The department organizes the legal clinic in various Montana cities and towns throughout the year.

This year, the state hosted clinics in Hamilton, Glasgow, Hardin, Wilsall, and Libby. Those smaller Montana towns saw more than 100 wills and 230 power of attorney documents written in 2019.

The Billings clinic occurred Wednesday and Thursday and served 77 participants. On Tuesday, local professionals were invited to attend training on how to identify possible exploitation.

Lovell said the department invited not only the obvious professionals like lawyers and banking staff, but also hair stylists, plumbers and electricians — all who tend

to interact with seniors. They might overhear a son or daughter demand money, for instance.

Lovell said anyone with concerns about exploitation — or abuse and neglect — should contact the Adult Protective Services division of the health department.

“A lot of times those go hand-in-hand,” Lovell said. “Exploitation goes alongside with abuse or neglect.”

Adult Protective Services has received more than 11,000 calls for service so far in 2019, the department said in its press release. Of those, 1,599 were for financial exploitation of the elderly or disabled, while 2,453 were for abuse, and 2,486 were for neglect.

The division also takes on the role of guardianship for people without family support or protection.