

Invest in the Family Learning Center

The Substance Use Disorder Journey

It's Time To Get Organized

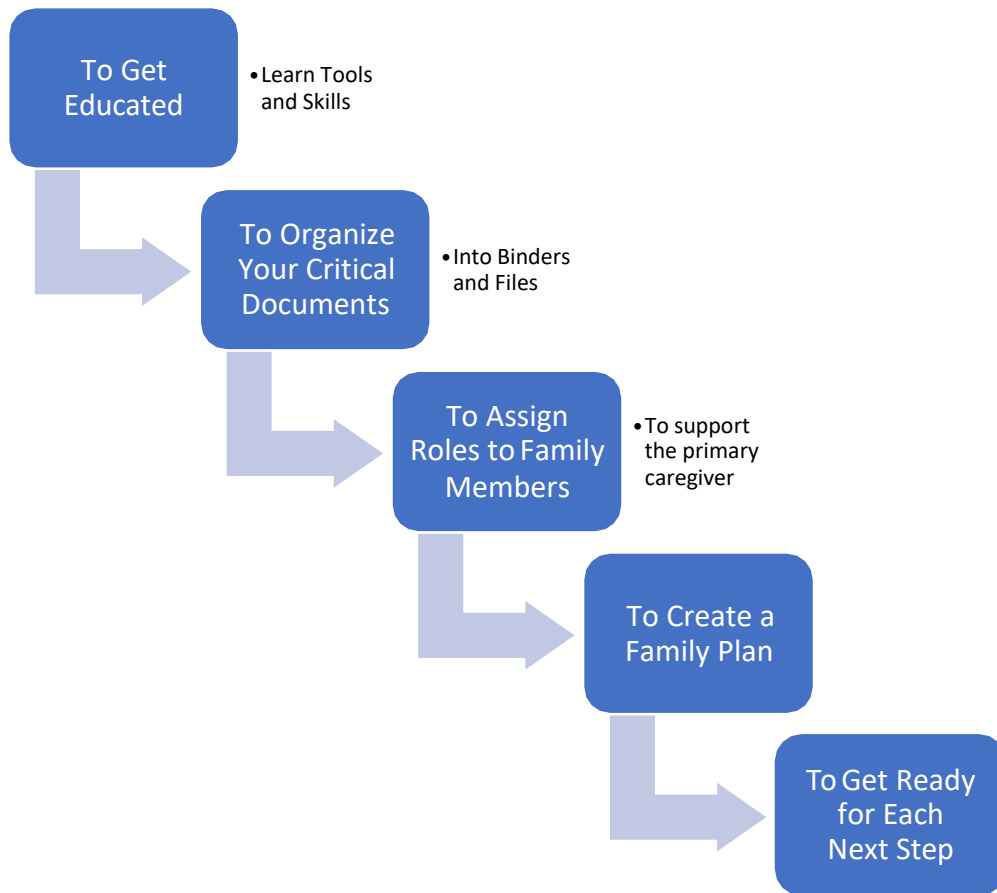
with



Personal Attache

Organizing Financial, Legal and Medical Records

Getting Organized Means



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FORWARD: Roy P. Poillon



Mr. Roy P. Poillon has been serving the healthcare service needs of families in their home for over 25 years. His role was to design disease management in-home services for areas such as; COPD, Asthma, Diabetes, Wound Management and CHF. In order for these models to be successful it will require a family to be supportive and engaged in their loved one's care. In this work, he found that families are the nucleus and center for quality support in their loved one's disease management. However, at the same time he found that a family which is not organized, is without direction or training, performs at a much less rate of success. It became evident; If the family doesn't get organized, then disease management support efforts are going to be for little gain. The family must do its part, first.

Substance Use Disorders are a disease, and it too needs to be managed. This book is focused on getting the family organized to meet the challenges of their Substance Use Disorder disease journey.

Personal Attaché in Substance Use Disorders focuses on five key areas used towards getting the family organized.

1. Organize the documents of their estate and home finance accounts,
2. Organizing the loved ones home medical records,
3. Organize the Legal Documents of their lives,
4. Organize their spiritual faith practices and support,
5. Organize for the life transition (a new life with substance use disorder),

This is difficult work and hopefully our study guide will make it a little easier to navigate through the maze of requirements. Therefore, to best serve your loved one "the whole family" needs to become involved in getting organized.

ABOUT US

The "**Substance Use Disorder Journey, It's Time to Get Organized**", is our approach to get the family educated and empowered about managing the impact of Substance Use Disorder disease. To do this we created a center for learning. "**Invest in the Family Learning Center**" To open in the summer of 2020. This is a multi-faceted organization that provides the Substance Use Disorders family with The Family Solution Finder Study Guidebook, and Workbook self-administered learning seminars with on-line training video's. But this will not be enough, so we have incorporated your local city community, workplace, churches to present their best practices in meeting family member's needs. This publication list all the counties of Ohio and their best practices "**Best of the Cities Best**". Mr. Poillon from his experience in working with clinical teams has outlined a model for disease management in substance use disorders for managed care and primary care physician practices titled "**The Abacus**" launch date spring 2021.

This is a stewardship, of gifts. Those given to share with others. He is a 4th Degree Knight of Columbus and a member of the Marion Missionaries of Divine Mercy Association. This is what he believe is his calling, "I am not worthy to carry this forward, but present it to you in hope that it

will help you see God loves us all and is with us even in our darkest moments”. Getting yourself and family members organized is a matter of being compassionate, it frees you up to practice your faith and experience your spirituality. Families Impacted by Opioids has published an “**Invest in the Family Ministry**” Volunteer Set-Up and User Manual. With this user manual a group of volunteers can start a church based ministry around their church’s family’s that are on this journey.

HOW ABOUT YOU

Many families don’t know where to begin when getting organized. They don’t clearly see the “Roles and Responsibilities” that are needed for the Substance Use Disorder journey.

To get organized, in a way that involves each family member; we need to assign roles and responsibilities, this will be the fastest most effective way for the family to move forward. In the family member’s training, we have included; education on the disease, how to manage the issues, being prepared for requested documents and identify obstacles before they happen.

This journey requires areas that must be organized in order to succeed. But how ready and prepared are you to get fully involved and contribute? This is something each member of the family must answer for themselves.

HOW TO USE THIS BOOK

In using this book, the reader should read it first, then come back and during the second reading complete each exercise and assignment. The assignments will build your knowledge in critical learning areas to strengthen the skills you will need in managing your family and loved one’s care. This will be empowering, and you will be surprised at how much more you can accomplish when organized.

Prior to meeting as a family, it is best if each member has reviewed this book in order that they understand why certain steps are necessary.

Families Impacted by Opioids Learning Center will offer an On-Line family webinar which can be set-up by your family, to meet and review the development of their personal plan and activities in accordance with the sections in this Organization Workbook. Please contact us to set-up a date and time. Call: 440.385.7605 or email: www.wittsendconsulting.com.

Please know, you don’t have to go through this alone. You have Families Impacted by Opioids to help.

Respectfully,

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Invest in the Family Learning Center

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FOWARD

What It Cost to Be Disorganized

Getting organized in the area of finances — is one of the most important things we can work on, because these are things that add up fast and may result in lost money if not dealt with right away.

Getting Organized in Your Finances:

Some of these stress factors include:

- **Missed payments** - Most of your utility bills can be set up for automatic payment from a bank account. If you can't find the bill or miss payments, there will be finance charges and the possibility of being shut off from services.
- **Missed roll over dates** - Roll over dates on Certificates of Deposit (CD's) and other time sensitive investments can result in lost financial gains.
- **Missed opportunities** - Most financial opportunities are time sensitive. Knowing when to act and having the right documents in place is typically how to take advantage of these opportunities.
- **Emergency Responses** - When you need a document during an emergency and there are financial follow through tasks, it is now a matter of "now not later", that you will need to find these documents.
- **Overdraft protection fees** - By this we mean the transfer from your savings account to your checking account that happens when you overdraw the checking account but have the savings to cover it
- **Out of control spending** - When your loved one spends without good judgement do to Alzheimer's and you do not have a system to track this behavior.
- **Insurance policies** – You need the document in order to understand the policy and coverage of the insurance.

A lot happens when we cannot find things. The stress builds up, exhaustion and then mis- directed anger is the result. Take the time now, to give yourself a break later. Get organized by starting with your finances.

Getting Organized in Your Legal Affairs:

- Greater legal fees are paid by those who do not plan their affairs ahead of time. Also, by the time you need to use legal documents, this is typically not the best time to go searching for them or to find out you do not have them.
- There are many reasons why we put off doing our legal paper work and legal planning. It is time consuming, we don't know where to start and it is expensive. These are three reasons to do them now, while you have the time, while you can gradually learn what you need to know and can spread out the cost by putting the legal fees into your monthly budget. This legal work takes time, so start early.
- Planning ahead by getting the legal affairs of your loved one completed now is a good use of your time. It will greatly reduce your stress later.

Getting Organized in Your Healthcare Profile:

- In healthcare many doctors have what is called EMR (Electronic Medical Records). And that is good, but what if you are in a hospital ER and it is not your regular health network. They will not have that system's records; therefore, they will not have your loved ones records. In the Alzheimer's journey it is likely that your loved one will be seen by many different specialists. Keeping track of them in a Medical Records Binder will make that task a little easier.
- Also, Rehabilitation facilities, Respite stays and alternate site providers will not be on the health systems EMR network. Neither will your local pharmacy.
- Another area of why it's a good idea to have a Medical Records Binder is the labor of tracking all the appointments past present and future. Plus, if a family member needs to step in and take the loved one to an appointment, this binder will help to fill in some of the blanks. The binder allows others to help.

Introduction

Something Seems Wrong

In the start of Substance Use Disorders, there is a period in time when you are noticing that something just doesn't seem right about our loved one. Typically, a spouse, daughter or son will start to question themselves as to "Do I really see this or is it just me looking too close?"

It's OK to move forward, you won't be doing this alone. Families Impacted by Opioids has the Education tools and training seminars to help you face most of what will come up in this journey.

This book is only one part of the journey, Getting Organized. There are other parts and you don't need to know all of them right away. Following our learning pathways, you can learn as you go, before you need to know. However, it is important to create a base of knowledge to start from. This is best done in the Early On-Set stage of the disease. Ask questions, get answers, call us so we can help. You have to take the first step which is to "seek the source of knowledge then understand". You do not know this journey and you will need the help of others. The good news is, there are lots of people and organizations out there to give you this help. By getting organized, you will be in a better place for them to assist you.

Getting Organized, Keeps Us on Our Path



⁴⁰ But everything must be done decently and in order”

1 Corinthians 14:40



CHAPTER ONE

Getting an Assessment, Getting the Diagnosis





Getting an Assessment

A Substance Use Disorder Family Journal Entry:

There have been some occasions where our loved one is not acting the same and they seem to be displaying behavior that is significantly different from how they would normally act.

Therefore, we are going to use the Signs of Substance Use Disorder to see if this behavior matches up with the behavior that is identified on this list. (google: "Signs of Substance Use Disorder")

Our conclusion was; the behaviors that we are observing are not an exact match to all that is on the list. However, there are enough criteria matches that warrants further review. We started looking for consistent behavior patterns to make sure it was not just a single event. We did see a pattern and for this reason we have scheduled an appointment with the "Primary Care or Family Counselor" for an assessment.

In preparation for this visit we used the check list "getting ready to visit the doctor"

Advice to the Counselor and family members: Do's and Don'ts of Assessment for COD

1. Do keep in mind that assessment is about getting to know a person with complex and individual needs.
2. Do not rely on tools alone for a comprehensive assessment.
3. Do always make every effort to contact all involved parties, including family members, persons who have treated the client previously, other mental health and substance abuse treatment providers, friends, significant others, probation officers as quickly as possible in the assessment process. (These other sources of information will henceforth be referred to as collaterals.)
4. Don't allow preconceptions about addiction to interfere with learning about what the client really needs (e.g., "All mental symptoms tend to be caused by addiction unless proven otherwise"). Co-occurring disorders are as likely to be underrecognized as over recognized. Assume initially that an established diagnosis and treatment regime for mental illness is correct, and advise clients to continue with those recommendations until careful reevaluation has taken place.
5. Do become familiar with the diagnostic criteria for common mental disorders, including personality disorders, and with the names and indications of common psychiatric medications. Also become familiar with the criteria in your own State for determining who is a mental health priority client. Know the process for referring clients for mental health case management services or for collaborating with mental health treatment providers.
6. Don't assume that there is one correct treatment approach or program for any type of COD. The purpose of assessment is to collect information about multiple variables that will permit individualized treatment matching. It is particularly important to assess stage of change for each problem and the client's level of ability to follow



treatment recommendations.

7. Do become familiar with the specific role that your program or setting plays in delivering services related to COD in the wider context of the system of care. This allows you to have a clearer idea of what clients your program will best serve and helps you to facilitate access to other settings for clients who might be better served elsewhere.
8. Don't be afraid to admit when you don't know, either to the client or yourself. If you do not understand what is going on with a client, acknowledge that to the client, indicate that you will work with the client to find the answers, and then ask for help. Identify at least one supervisor who is knowledgeable about COD as a resource for asking questions.
9. Most important, do remember that empathy and hope are the most valuable components of your work with a client. When in doubt about how to manage a client with COD, stay connected, be empathic and hopeful, and work with the client and the treatment team to try to figure out the best approach over time.

The family member who is most familiar with our loved one will attend the physician visit and be present during the assessment. Their attendance is required in order to provide historical information in an interview with the physician's team. They will also bring in a brown paper bag with all the pill bottles that our loved one is currently taking and a list of allergies that we know about.



Getting the Diagnosis

An Alzheimer's Family Journal Entry:

At the physician's office we planned to have a lot of testing done, and then return several weeks later for the results. Ref: http://www.alz.org/alzheimers_disease_steps_to_diagnosis.asp

What we are looking for is a **primary diagnosis**. This diagnosis will be staged 1-7 and we will come back every 6 months (avg.) for a re-evaluation.

Family Reflection:

We went to this appointment with an understanding this is not an easy disease to diagnose. In fact they will likely eliminate all other possibilities in order to determine if it is Alzheimer's disease. This is because there are many diseases that create dementia, but 80% of dementia cases are Alzheimer's. The assessment will give us a primary and possibly a secondary diagnosis. We will use this diagnosed result as a dashboard to record and understand our loved one's current condition, then share it with the other family members. We understand this condition will progress in diminishment of the brain and therefore regular follow up visits will be required to gauge the progression of the disease.

ASSIGNMENT:

View a Video:

Getting the diagnosis:

<https://www.youtube.com/watch?v=LieVEf14luw>

Reference the Alzheimer's Association Website for the stages of progression

www.alz.org/alzheimers_disease_stages_of_alzheimers.asp



Communicate results in a family meeting.

An Substance Use Disorder Family Journal Entry:

We need to inform the family about the diagnosis. The way that we do this is important. To just blast it out to everyone in the family is not a healthy way for this to be announced.

Announcing the diagnosis to the family, means that we are the barer of bad news, (does the term “don’t kill the messenger” come to mind?). The best way for us to do this is in person (if possible).

Conversation with another family member: (Use this as your template)

As you know we visited the Doctor and have received their results.

The assessment was done using the most advanced methods of considering all the possible factors.

These tests included neurology, psychology, addiction therapy and pharmacy

They combined their findings, met on our case and their conclusion is: xxxx

Here is what that means: xxxx

Here are some of the broader details of what we can expect: xxxx

They have strongly recommended that we handle this news together as a family so each person has the same information.

This is hard news for me and you to face, but if we work together, I know we can get through this.

Our first steps are to look at the facts that surround this type of disease We will want to get educated and unify around supporting each other.

We will want to learn about the best ways to handle our loved one, so they get the best of what we are as a family. I believe that together we can give the most valuable gift, our time and support of each other during this journey.

Because it last for a long period in time, we would benefit by creating a plan and taking roles to share the load of responsibilities.



It is best, if the roles assigned are based on what each of us has as a certain skill set and is good at doing.

Together, we will have to make a lot of important decisions. We need to understand that some of our decisions will not go as planned and we may not realize this until after they are done. So we can only do the best we can do, and need to accept that we tried with what we had at the time.

We can expect many things will change and by trying to keep it all the same, it may make it more frustrating and stressful. So, accepting change "*is required*" and could be a healthy approach. But we can keep the changes to only those that are needed, and it is suggested that we wait to make a change, up to the time that the change is required.

Here's the good news; there is a lot of quality and useful information out there for us to use. And there are people who will help us if we seek them out and bring them closer.

Also, we have our spiritual faith which is something that a lot of people have told me is what got them through this journey. So, let's plan to include spirituality into our family's journey.

The next step is to get everyone together in a room. We can meet at my house, what day of the week do you think will work best for you.

Before you leave, I have a sheet from this book I am reading, *The Substance Use Disorder Journey, It's Time to get Organized*, and it has some "how to get started" tips.

I would like for you to order this book and start reading it before we meet. That way we can begin our discussions from a point of an alike understanding, as to what we will experience. See (Appendix, An Family Meeting Agenda).

NOTE: It is in the announcement of an Substance Use Disorder diagnosis that a family realizes things are going to change, significantly. Some will pull back from the announcement, "How could this have happened, could it have been avoided, maybe it will stop progressing or go away". This will be due to a lack of their education about the disease. I am sorry but none of these will apply to your situation. You did an assessment, you have a diagnosis, the faster you come to grips with this diagnosis, the better you will survive the journey. Our advice is to be understanding of the person pulling back, each will have to face this announcement in their own way. When it is presented, each person will have to travel their path, and determine for themselves how they will deal with it. By getting through the shock of the diagnosis and into the education about the disease and how to handle the dementia related behavior, this will speed up the time it takes to come back to the family and be a valuable partner in the support team. So, education is your best next step. Please consider; you cannot rush them; they are on their own time line in dealing with this news. This is when you can show your family member compassion and understanding and that you will be there when they are ready.



Frequently Asked Questions: FAQ

1. What should we be doing, now that we know it is a Substance Use Disorder disease?

You have already taken the first step, there was an assessment and there is a diagnosis. You are now becoming aware that life will be different for the next several years. To get educated about the disease, how it progresses, how to manage your life around the related behavior and getting your family affairs in order are some of the next steps.

2. You Need to Get Educated?

Don't Skip Over This.

Take the time, complete the 12 key issues seminars. It's worth every minute.

3. Learn how to manage your life and the family system around this new disease related behavior?

This disease comes in 12 issues, some issues are presented alone in time, other issues are grouped together and present at the same time. These issues are non-sequential meaning they don't have to happen one after the other. They may jump around and relapse to start again.

The first three are slow and mostly go un-noticed. The stage where most families will seek an assessment is at the Emergency Medical Services intervention issue. Then to follow are the other interventions.

In The Family Solution Finder Study Guidebook and Workbook the family will find education tracks to learn about what behavior presents in each stage and in what ways it worsens as the disease progresses. You can revisit this learning prior to each stage. This will prepare you for what will come next.



4. Get organized? Do this now, because later in the disease there will be no time.

You will organize the documents of our loved one and family members into a file system of critical documents you will need to use in the future. The handling of documents is performed by you, not the one in substance abuse. The level of work is extensive, therefore, in this book we will have you assign workloads to your other family member by giving them “Roles & Responsibilities”.

5. How can we plan to involve God?

Ask Him. Always be seeking “His Will” to be done in place of your will. And trust in Him completely. Pray the Divine Mercy chaplet at 3:00pm hour. Pray the rosary daily. Believe in His Mercy and love for us all. He is always with us, He never abandons us, He answers all prayers.

6. Are there known issues that we will have to face in this journey?

Fortunately, we do know them. Many of the issues you will have to face as a family are known and can be planned for in your journey. This is done according to the issues you are facing. Therefore, your family can plan in advance, get educated and be proactive. Although most issues will have to present their circumstances in order for the family to know exactly how to best respond, it is still a good idea to be prepared.

7. Is there a standard model for making good decisions?

Most families are not accustomed to making group decisions. So, by accepting a standard model now, this can be helpful later. In this book we suggest a standard model for family decision making. Use it in a way that best meets your family’s specific needs and style. It allows everyone the chance to participate in the decision-making process and may bring the family closer together. When meeting as a family for the purpose of making a decision, start with a prayer, ask for God’s guidance before you begin.



What is the number one thing we need to keep in mind?

Your Family Values. The values that your family treasures above all other things in life. That is what you should use to guide your actions and decisions going forward. Ask first, what are our values? Then address the issue or question. In this book is an exercise to determine as a family, what are your family values.

Who needs to get organized?

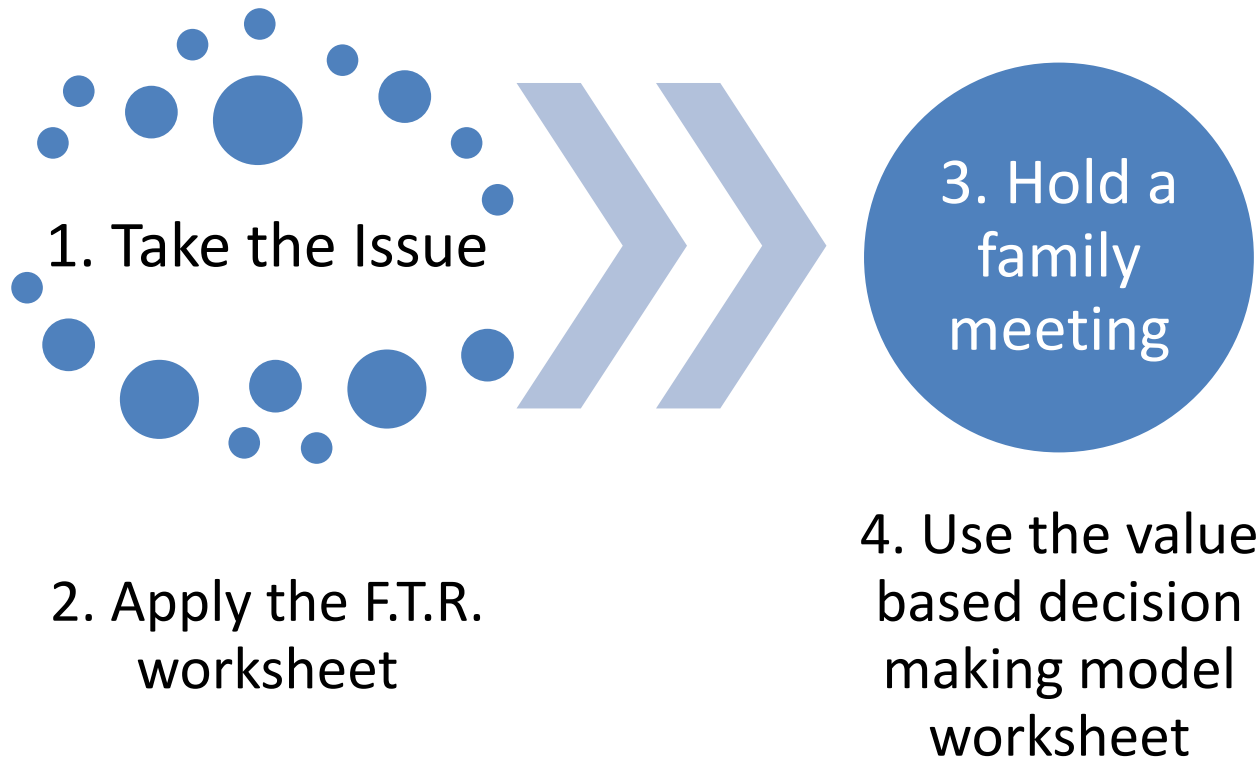
ANS: Organize the loved one's affairs first. Then organize yours.



CHAPTER TWO:

Assess Your Current Situation







FAMILY TRANSFORMATIONAL RESPONSE (F.T.R.) Model

The 12 Key Stress Issues can be addressed by using this model format.

Example, Take your issue and define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare for this issue, then find those organizations/professionals who can help the family in dealing with this issue.

The F.T.R. Model:

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

By completing the worksheet for each issue the family will be better prepared to make a rational and informed decision about how to best approach this issue.



The F.T.R. Model Worksheet

I. Define the Issue?

Clearly State what happened or will happen.

- ❖ Identify who is involved, or should be involved?

- ❖ What would you like to have happened, or like to see happen?

II. How does the issue impact the family?

- ❖ Who in the family?

- ❖ In what way?

- ❖ What is needed to move forward?



III. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list?

- ❖ Who needs to be involved?

- ❖ What will it look like when completed?

IV. Who can help and assist the family in their response?

- ❖ How to search for an organization to help?

- ❖ What to ask from them?



❖ What to expect?

V. What should the family expect as their outcome?

❖ Timeline?

❖ The expenses/cost involved in this issue?

❖ Required changes to successful respond to this issue?



The Family Needs to Meet

Agenda

“Family Meeting”

Location:

Time:

1. Identify what was discovered in the most recent assessment
2. Gain a consensus of the work that is needed over the next 4 months
3. Review Family roles and current projects/tasks
4. Use the Family Transformational Response Model to breakdown an issue
5. Determine where your family values fall for this issue
6. Use the Decision-Making Model for the family, what decisions are needed
7. Review a list of known Critical Issues to consider, current and future
8. Discuss action items that may be required soon
9. Roles and Responsibilities Assignments, dates for update progress report
10. Create a Plan of Action for the next 4 months
11. Determine date for follow up meeting



Family Decision Making Model

“15. Let the peace of Christ rule in your hearts, since as members of one body you were called to peace. And be thankful. 16. Let the message of Christ dwell among you richly as you teach and admonish one another with all wisdom through psalms, hymns, and songs from the Spirit, singing to God with gratitude in your hearts. 17. And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.” Colossians 3:15-17 New International Version (NIV)

PURPOSE: The purpose of a family meeting is multi-faceted. It can serve to communicate information regarding the loved one’s situation, or the status of family members. The meeting can also be used to make critical decisions or to determine role responsibilities. In many cases it is all of these.

TASK: In order to make effective decisions as a group, an agreed upon process is important to ensure participation and success in making the best decision. As a family, you are tasked to make many decisions in the Alzheimer’s journey. This model will provide a frame work that when used will be helpful to gain the best insight to the problem, create a criteria of importance, consider the options and weigh the possible outcomes.

CONDITION: By gathering as a group to learn about the Alzheimer’s disease and its related progression, and dementia behavior, the family has taken the first step in making strong decisions. The second step is to understand the stages and dementia related behavior that will occur. In the final step by gathering as a family, review the family values, understand how to use a “Family Decision Model”, assigning Roles and Responsibilities. Then set-up a strategy for the next few months. These are all great steps towards self-empowerment.

STANDARD: The standard is that each person will participate. The individual family member will take on an assigned role and be responsible to achieve that assignment in that role to their best ability. They will seek assistance when needed and give willingly when asked. Each family member will proactively be involved in decisions and communication with respect, dignity and a positive, “Can Do” attitude.



Identifying Your Family Values

Family Values

In Values, we find ourselves taking a stance on how we will follow a certain way towards making a decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

Values (ethics)

From Wikipedia, the free encyclopedia

In ethics, **values** denotes the degree of **importance** of some thing or action, with the aim of determining what actions are best to do or what way is best to live (**normative ethics**), or to describe the significance of different actions (**axiology**). It may be described as treating actions themselves as abstract objects, putting value to them. It deals with right conduct and good life, in the sense that a highly, or at least relatively highly, valuable action may be regarded as ethically "good" (**adjective** sense), and an action of low in value, or somewhat relatively low in value, may be regarded as "bad."

What do you treasure the most that is without substitution for anything else? Write them down as individual family members.

- 1.
- 2.
- 3.

Now discuss them together as a family, each person stating what they feel are your family values. (note: there is no wrong answer).

Our Family Values Are:

- 1.
- 2.
- 3.



Combine Family Values with Decision Making Process

In Value Based Decision Making, we find ourselves taking a stance on how we will follow a certain way towards making a decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

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Write down your top three values, those you feel are the families.

Each family member reads what they wrote down.

Where there were alike values, make a list.

Determine, which of this list are the top three values for your family.

Write down which the family agrees are your families top three values. Prioritize them 1-3.

Our Family Values Are:

- 1.
- 2.
- 3.

Take the final list of the families top three values and use them in this “decision Making Model”



FAMILY DECISION MAKING MODEL

First Step: Identify Exactly What Happened

Exercise: What Happened?

Identify the details of the situation? (what happened, How did it happen, Who was involved?)

What: _____

How: _____

Who: _____

Identify what you would have like to have happened?



Second Step: Analyzing the Situation

Every problem has a situation that surrounds it. Inside the situation is where you will find the solution to the problem. By analyzing the situation more closely, the solution will typically present itself. It will then be clarified and used in your decision-making process.

Exercise: We will take a look at the problem that impacts the situation. (what went wrong)

1 Assessing the Problem: (Describe exactly what is happening that is not working?)

2 Identify, what is causing this to happen?

3 In what areas did this create an impacting or disruption?



Third Step: What is the number one contributing factor?

Fourth Step: Gathering Information

It may seem unnecessary to have a segment that reviews “Gathering Information” however, this is a critical part of the decision-making process and can significantly impact the quality of your decision and its outcome.

There are three types of information to consider gathering:

1. The Primary Source information, The person it happened to, or from someone that was there.
2. The Secondary Source information, He Said She Said.
3. The Gut Feeling Source, no one person saw it happen, but I think this is what occurred.

All of the above information types are reasonable to include in the decision-making model.

The Primary Source: Prepare a list of questions and then go to the primary source for answers. At times you may not know which questions are best to ask. So, research possible questions, then go ask them.

For Example: If you are considering moving your loved one into a facility, go to the facility and take a tour. Do not just read their website, listen to someone else’s opinion about the facility or telephone them for a few answers. You will need to go directly to them as they are the “primary source” of information. You should come with a prepared list of questions in order to have an accurate understanding of their facility.



The Secondary Source: This is also a good resource to consider using when making a decision. The Secondary source is valuable because it allows others to provide information about your search for answers. From Secondary Sources you may find other topics or questions that need to be considered.

There are two areas that you need to be aware of; 1. The source of the secondary information. Who are they, what authority do they speak from, why are they providing this information. 2. Is this information a direct correlation to the topic that you are researching. Be careful, sometimes in secondary search it becomes tempting to seek out information that proves your premises to be correct. That is called bias. We want to avoid being bias, just the facts please.

The Gut Feeling: This is a combination of your past experiences, your family upbringing, your spirituality, and your cultural values and beliefs. They are all wrapped into one feeling of an emotional response. It should not be ignored and rarely should it be the only information feedback that is used in making an informed “Values Based Decision”.

Third: Identifying Reasonable Options

The process of identifying reasonable options can only come after you understand the problem, considered your values, reviewed some of the considerations and circumstances as you continue to gather more information.

Once you completed the information gathering phase of *decision making process*, it is at this point when you will eliminate ideas that are not a good fit and consider only those ideas that will work best. Use your values when considering options, use prayer for guidance, let the Holy Spirit take charge and follow what you believe God would have you do. It is our will to do His will.

Exercise: What are the top three pieces of gathered information?

INFORMATION GATHERING CARD

Gathered Information:



Fifth Step: Criteria for Solution

Exercise: Does your solution qualify for consideration?

CRITICAL CRITERIA, *final Review*

1. Will this action ensure safety for your loved one? T F
2. Do you have the resources needed to complete these tasks? T F
3. Is your time table realistic? T F
4. Do you understand the negative impact(s) your actions may create? T F
5. Would you want others to take this action on your behalf? T F



Sixth Step: Choose Best Solution

Exercise: Take your decision and place it here:

We will do the following:



Our expected outcome is:



Assessing Your Current Situation

In this section your family will likely ask, what assets and documents are required to be organized? The answer may surprise you. Everything that is a document which reflects value to your loved one's life should be organized.

For many families where to get started may not be so obvious. Therefore, we have assembled an "Asset Evaluation Card" for your family to use in finding; what you have, what you do not have, and compare it to what you will need to have.

This sounds like fun, doesn't it? Well, not really, but taking an inventory of what you have is an essential step towards getting organized. Let's face it, if this were fun you would have already done it.

ASSIGNMENT:

Go through all of the known places where your loved one has documents filed or stored. Collect these items into one place. Separate them by category: Financial, Legal, Medical, Social and Spiritual. Then take an inventory of what you have been able to find.

By using the following *Asset Evaluation Card's*, you will record what you have, what you do not have, and from there you will more clearly see what you need to get.



Financial Evaluation Card

In the area of Financial Assets, it is important to identify any and all financial assets as well as statement of debt, investments and insurances.

CATEGORY (Financial)	YES	NO	MAYBE	NOTES
Bank Account List				
Investment Account List				
Insurance(s) List				
Person Property Appraisals				
Auto Title				
Real Estate Deed(s)				
Pension				
Social Security Payments				
Disability Payments				
Alimony Payments				
Business Partnerships Equity				



Legal Evaluation Card

In the area of legal documents, it is equally important to identify what you do have from what you don't have and need to go get.

CATEGORY (Legal)	YES	NO	MAYBE	NOTES
POA Healthcare				
POA General				
Will				
Living Will				
Social Security Card				
Medicare Card				
Commercial Business Partnerships				
Trust(s) Documents				
Promissory Notes				
Partnerships				
Guardianship Documents				
Managed Care Health Plan Card				
Foster Care Services Documents				



Medical Evaluation Card

This is an area that may require cooperation from the staff at your physician's office. If you have multiple offices, it is important they all have the same basic information about your loved one.

CATEGORY (Medical)	YES	NO	MAYBE	NOTES
Health Plan Card				
HIPPA Release Form				
List of Medications				
List of Allergies				
Primary Diagnosis Report				
Previous Lab Results				
Co-Morbidities (Medical)				
Documenting discussions with Physician				
Dual Diagnosis (Mental Health)				
Document Observations Log of parent condition				
Any Addictions, history or current				
Pharmacy Card				
List of Non-Pharmaceuticals				



Stress Indicators Evaluation Card

These are areas of the Primary Caregivers life that may influence their ability/capacity to cope with the demands of being alone in the role of primary caregiving. Nothing listed here would disqualify the person from being a successful primary caregiver. This is an awareness list that greater support will be helpful when considering their needs in this role.

CATEGORY (Caregiver)	YES	NO	MAYBE	NOTES
Attending a support group				
Regular Exercise				
Average Nutrition				
Spirituality Practice				
Working with sustainable income				
Completing Course work, academics or work				
Receiving Family Council Therapy				
Using Meditation				
Actively Participating Family Member(s)				
Involved Spouse				
Young Children at home				



Support Network Evaluation Card

This card is used to determine the extent of the families support network. What is in place, set-up and established. For any of these marked “No”, you may want to consider set them up with an introduction. Just let them know, you may need them in the future.

CATEGORY (Health Team)	YES	NO	MAYBE	NOTES
Active Primary Care Physician				
Family Therapy Counselor				
Financial Advisor				
Spiritual Minister				
Social Worker / Case Manager				
Addiction Counselor				
Local Treatment Center				
Probation Officer				
Mail order pharmacy				
Local in network Pharmacy				
Involved Spouse				
Family Attorney				
Local Family Members				



Guess What?

Your Asset Evaluation Cards are Completed !

Well not really or kind-of...

THE ASSET INVENTORY

At this time, you have taken an inventory and identified what Assets you “do” have. Now it becomes clearer as to what Assets you “do not” have, and what you likely “still need to get”. For this reason, the next step is to set-up a plan and collect the things you need, then place them all together into an organized binder. These binders can be organized by Asset Category.

Asset Category:

- Financial Binder
- Legal Binder
- Medical Records Binder
- Support Network Binder
- Spiritual Support Binder

Each binder can be assigned as a responsibility to a selected family member. That person will take up the role and responsibility of managing and updating their binder.

Role Assignments:

- Financial Person
- Legal Person
- Medical Records Person
- Support Network Person
- Spiritual Support Person

SCORE It for An Assignment:

SCORE your results. Go back through the last few pages of Asset Evaluation Cards and pick out what you don't have. Take the time to determine if that Asset applies to your family needs. If you will need it, then get it. Then put it into a To-Do List and assign it.



CRITICAL DOCUMENTS GO HERE



Office Max/Staples

- ½ inch binder
- Avery Tab Dividers
- Jump Drive
- Folders

Email wittsendconsulting@gmail.com and request the MS Word Documents for these templates.



CHAPTER THREE:

Assigning Family Members Roles & Responsibilities



⁵ Each of you must take responsibility for doing the creative best you can with your own life.
⁶ Be very sure now, you who have been trained to a self-sufficient maturity, that you enter into a generous common life with those who have trained you, sharing all the good things that you have and experience. Galatians 5: 5-6



Assigning Roles and Responsibilities

First Step, Assign Family Member Roles

“Wives, submit to your husbands, as is fitting in the Lord. Husbands, love your wives and do not be harsh with them. Children, obey your parents in everything, for this pleases the Lord. Fathers, do not embitter your children, or they will become discouraged” (Col. 3:18–21).

God’s plan has always been that inside a family, we are accountable to each other.

It is for this reason that we will take the time to allocate the workload of a primary caregiver to all those members of the family. Everyone has a role to play, in fact we have always had a role to play in our families, it was just rarely pointed out and written down on paper.

In this section, we will identify your roles and what area each of you will take as a responsibility to support the family.

Assigning Roles:

1. Who
2. Will Be Responsible to oversee What
3. How it will be done.
4. Determine what resources are needed.
5. When it will be completed
6. Report to family the progress.

The goal of assigning these roles and responsibilities is to take them off the role of the Primary Caregiver. At the same time, we use and apply the gifts and talents that are available from within each family member. Everyone has a place to contribute and no one is left out.

“There are different kinds of spiritual gifts but the same Spirit, there are different forms of service but the same Lord, there are different workings, but the same God who produces all of them in everyone”

1 Corinthians 12-4



*ROLE DESCRIPTION: The **Financial Role** is alike one of a company Chief Financial Officer or Accountant. The affairs of the estate would be included to this role and support of documents for timely agency or court processing. Included to this list are monthly budgets and bills paying, managing financial investments and insurances as well as investment statements and bank account management. This person is not the final decision maker, but does contribute works that support the final decisions.*

ROLES: _____

1. Tasks that involve all the loved one's financial affairs.
2. Tasks that involve the loved one's real estate property.
3. Tasks that involve the loved one's possessions above a stated dollar amount.
4. Decision participation in affairs involving expenses, past and projected.
5. Monitoring and reporting the cost of living budget, medical bills (follow up) on payments.
6. Matters of Insurances.
7. Matters of debt collection responses and planning.
8. Matters of receivables in payments, interest, earnings, promissory notes, etc.
9. Matters of personal property

OTHER: _____



ROLE DESCRIPTION: The Legal Secretary Role is one of coordinating the legal aspect of the loved one's estate and personal care, the completing and process filing of legal documents. They would participate in the preparation of documents for legal decisions, but not be the final decision maker.

ROLE: _____

1. Tasks that involve the loved one's legal affairs.
2. Tasks that involve the loved ones legal responsibly for real estate Property.
3. Tasks that involve the loved one's legal possessions above a stated dollar amount.
4. Decision participation in affairs involving healthcare from a legal perspective,
5. Identifying all past and projected issues of the loved one and their legal accountabilities.
6. Monitoring and reporting the status of all legal affairs as it is related to their place of living, contracted services, medical bills, monthly bills and financial interest.
7. Matters of Insurances and investments from a legal perspective.
8. Matters of debt collection responses and planning from a legal perspective.
9. Matters of receivables in payments (what's owed to the loved one), interest, earning, promissory notes, etc. from a legal perspective.
10. Matters of personal property from a legal perspective
11. OTHER: _____



ROLE DESCRIPTION: The Medical Records Organizer Role is the one who organizes the medical records and health related documents for the loved one. They also assist in coordinating healthcare services and appointments.

ROLES: _____

1. Tasks that involve the loved one’s medical affairs documents, appointments and communication with alternate healthcare medical teams.
2. Tasks that involve the loved ones Medical Health Records.
3. Tasks that involve the loved one’s appointment preparations.
4. Communicating and researching the facts for decision making participation in affairs involving health and medical services. Knowing the labs, diagnosis test results, pharmacy drug interactions and side effects, allergies.
5. Monitoring and reporting the outcome of tests results and follow up to doctor’s “plan of treatments”. To do the research on these tests and communicate the facts.
6. Assist in getting to and from appointments.
7. Continuous Updating of the Medical Records Binder.
8. OTHER: _____

Let us remember that with God nothing is impossible; and as we read and hear his promises, let us turn them into prayers, Luke 1:38, “I am the Lord’s servant; let it be done unto me according to thy word”.



ROLE DESCRIPTION: The Support Network Coordination Role is alike one of a company Director Human Resources. The affairs of coordinating services, social outlets and family gatherings. This is a focus of creating balance, harmony and strong communication channels.

Roles: _____

1. Tasks that involve the loved one's support network from the community and family.
2. Tasks that involve the loved one's immediate family communication link, frequency and quality of life check-in's and acts of being compassionate.
3. Organizes family meetings or skype conference calls for out of state family members.
4. Tasks that involve follow-up's with the loved one's family siblings, associations, church volunteers, etc.
5. Tasks that involve allowing the primary caregiver to participate in outside activities. Also, coordinating friends and support groups for the primary caregiver.
6. Home Health Aid and Respite services for the primary caregivers support.
7. Mail Order Medical Supply's and mail order pharmacy coordination.
8. House Cleaning Service
9. Address all Yard and House Maintenance issues.
10. Issues of safety in the home and home security.
11. Getting to and from appointments for both the loved one and the primary caregiver.
12. Making sure the primary care giver has time and space for personal exercise, grooming needs, and time away from the house each week.
13. OTHER: _____



ROLE DESCRIPTION: The Spirituality Coordinator Role is one ensuring the spirituality needs of the loved one and primary caregiver are identified and being met with an adequate degree of support.

Roles: _____

1. Tasks that involve ensuring the loved one and primary caregiver are able to attend church services if desired.
2. Tasks that involve coordinating praying together, loved one, primary caregiver, family members. (out of state can be included by speaker phone), on a regular bases.
3. Tasks that coordinate ministries to come to the home and support the primary caregiver as well as the loved one.
4. Support the primary caregiver so they can go on a spiritual retreat.
5. Matters of receiving the sacraments of the Church
6. OTHER: _____



Second Step, Assign Family Members Responsibilities for each Role

Each role has its own responsibility. From this role assignment, a family member takes on a set of responsibilities, then creates their “Plan of Action”.

A written “Plan of Action” creates transparency, it identifies where others can provide their assistance in helping to meet the family needs. Each family member should share their plan with the other family members during the quarterly family meeting. A sort of “Report the Progress” will strengthen communications within the family.

A written “Plan of Action” creates clarity of thought. So the right things get done on time with the proper level of focus.

A written “Plan of Action” creates Accountability. Plan your work, work your plan.



1 Financial Role Responsibilities: Assigned To: _____

Gather and organize financial documents in one place. Then, carefully review all documents, even if you're already familiar with them. This is if the loved one's inability impacts the lives of children or spouse, i.e. a husband is in addiction and mom needs help.

1. Assisting in document organizing to pay bills
2. Arranging for benefit claims
3. Making investment decisions
4. Preparing tax returns
5. Financial documents include: Bank and brokerage account information, deeds, mortgage papers or ownership statements
6. Insurance policies
7. Monthly or outstanding bills
8. Pension and other retirement benefit summaries (including VA benefits, if applicable)
9. Rental income paperwork
10. Social Security payment information

Website for more details in managing someone else's money:

<http://www.consumerfinance.gov/blog/managing-someone-elses-money/>

2 Legal Role Responsibilities: Assigned To: _____

Gather and organize Legal documents in one place. Then, carefully review all documents, even if you're already familiar with them.

1. Trust documents
2. Power of Attorney, Healthcare Power of Attorney
3. Will's
4. End of life instructions
5. Burial Plot Purchase
6. Insurance Policies
7. Do Not Resuscitate orders
8. Real Estate documents include: Property Deeds Transfer Up Death, Mortgagees or Promissory Notes, Joint Ownership in Land or Property
9. Personal Property
10. Appraisals
11. Bank Safety Deposit Boxes
12. Memberships and Subscriptions
13. Automatic Payment Bank Withdrawals
14. Website for more details in managing some ones else's legal affairs:



15. Legal Issues in Care: (managing legal affairs)

A number of legal resources may be available to help cover the legal aspects of care for the person with Alzheimer's Disease or other dementia. Some may apply now and others in the future.

Again, keep in mind the primary goal of the roles and responsibilities is to take assist the Primary Caregiver, also to use the gifts and talents that are available from within the family.



3 Medical Records Role Responsibilities: Assigned To: _____

Gather and organize medical documents in one place. Then, carefully review all documents, even if you're already familiar with them.

1. Vital Information
2. Visits to the Doctor
3. Medication Log
4. Medical Consultation Log
5. Doctor Visit
6. Medical Contacts
7. Blood Sugar Tracker
8. Symptoms Tracker
9. Blood Pressure Log
10. Family History
11. Medical Release
12. Dental Log
13. Body Measurements Chart
14. Personal Measurements Charts
15. Vitamin Intake
16. Sleeping Log
17. Journal
18. Lab Results
19. Emergency Room Visits
20. Prescriptions
21. Known Allergies
22. Plan of Treatment
23. Medical Doctor and Staff phone numbers and emails.

Other Services documents include:

- Home Healthcare Agency work, PT, OT, Respiratory, Nursing, Medical Supplies, Medical Equipment.
- Assisted Living, Rehabilitation Center, Memory Care Unit.
- Hospital Stay documents
- Home Health Aid Services



Website for more details in managing some one's else's medical records:

1st Assignment

<http://betterhealthwhileaging.net/tools-for-caregivers-keeping-organizing-medical-information/>

Paying For Care: (managing bills)

A number of financial resources may be available to help cover the costs of care for the person Alzheimer's Disease or other dementia. Some may apply now and others in the future.

2nd Assignment:

Become familiar with this web page.

<https://www.sarahtitus.com/medical-binder/>

CREATING A (Medical Records Role Responsibilities) "PLAN OF ACTION" WHO, WILL DO WHAT, HOW IT WILL BE DONE, WHAT REASOURCES ARE NEEDED.



4 Support Network Coordinator Role Responsibilities Assigned To: _____

Coordinate and Support the “Support Network”. Then, carefully review preparation for upcoming events, and follow up with past events.

1. As a family, set up a support network
2. As a family, set up a support network strategy for each month
3. Determine the resources required to ensure the support network works
4. Handle each participant in the network separately, measure if they are the right entity.

Other Responsibilities include:

- Confirm that Banks, investments, insurance, physicians, home health services, attorneys are all working in the best interest of your loved one.
- Challenge your church to stop by
- Set up and schedule friends to stop by
- Schedule respite outings, overnight retreats/breaks
- Laundry and house cleaning support



5 Spirituality Support Coordinator Role Responsibilities Assigned To: _____

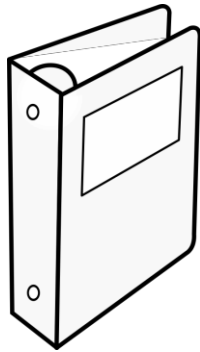
Gather and organize resources in practicing your faith. Then, carefully review all documents, even if you're already familiar with them to determine how to best coordinate them into your journey. Be creative.

1. Request prayer ministry to make home visit from parish.
2. Parish retreats for your primary Caregiver and family members to attend together.
3. Driving together to Mass/Church.



CHAPTER FOUR.

Designing the Financial Binder





Current Situation Organizing your Financial Estate

Q: Where are your files kept?

Q: Are all the files in one place?

Q: Do you have a functioning file cabinet?

Q: Do you have your contact names and phone numbers in one place, is it up to date and a complete list?

Q: Have you considered using a budget? If Yes, is it working?

Q: Do you have an accountant? When was the last time you spoke?

Q: Do you have a dedicated financial advisor? When was the last time you spoke?

Q: Do you have an attorney? When was the last time you spoke?

Q: What type of housing are you living in? Is it financial sustainable?

Q: In your estate do you have a trust? Is the trust fully funded?

Q: Do you have a will? Are financial assets included?

Q: Do you have real estate investment properties?

Q: Do you own a business or LLC?

Q: Do you have a life insurance policy?

These are the type questions you need to be asking yourself.



Master Financial Assets Inventory

BANK ACCOUNTS: Account Name:	Website			*Account Number:
CREDIT CARD ACCOUNTS: Account Name:	Website			Account Number:



INVESTMENT ACCOUNTS Account Name	Website:	Point of Contact & Phone Number:	Type of Account	*Account Number



By Asset: Problem Identification Checklist

1# Problem:	<i>Corrective Action Required:</i>	<i>Required Documents:</i>	Comments:
Contact Log Contacted	Date Last Contacted	Date Last Contacted:	
#2 Problem:	<i>Corrective Action Required:</i>	<i>Required Documents:</i>	Account Number:
Contact Log Contacted	Date Last Contacted	Date Last Contacted:	

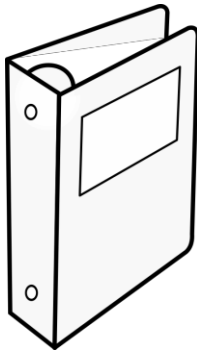
#3 Problem:	<i>Corrective Action Required:</i>	<i>Required Documents:</i>	<i>Comments:</i>	<i>Corrective Action Required:</i>
Contact Log Last Contacted	Date Last Contacted	Date Last Contacted:		
Contact Log Last Contacted	Date Last Contacted	Date Last Contacted:		

#4 Problem:	Corrective Action Required:	Required Documents:	Comments:	Corrective Action Required:
Contact Log Last Contacted	Date	Date Last Contacted:		
Contact Log Last Contacted	Date	Date Last Contacted:		
Contact Log Last Contacted	Date	Date Last Contacted:		



CHAPTER FIVE:

Designing the Legal Binder





LEARN WHY BEING ORGANIZED IN LEGAL MATTERS, MATTERS.....:

- What is estate planning
- Why is estate planning necessary?
- What happens if I don't have a plan?
- I'm not rich. Do I need an estate plan?
- What's the difference between having a "Will" and a "Living Trust"?
- How does a living trust avoid probate?
- What are the cost benefits of avoiding probate?
- What are the benefits of avoiding probate?
- How will I know whether I need a "Will" or a "Living Trust"?
- What should I consider before I begin estate planning?
- What do I need to accomplish my estate planning goals?
- I already have an estate plan. When should I have it reviewed?

These are the questions that should be answered prior to taking on or assigning roles and responsibilities.

What is estate planning?

Estate planning is the process of working with an attorney who is familiar with your goals, concerns, and assets in order to organize your estate. Estate planning covers the transfer of property at death as well as a variety of personal matters including:

- Choosing beneficiaries
- Care of minor children
- Health care directions
- Power of attorney
- Organ donations
- Burial arrangements

The principal document that is most often associated with this process is your Will.



Why is estate planning necessary?

An effective estate plan ensures that your plans for your medical care, guardianship for minor children, management and distribution of your assets will be carried out according to your wishes and not left to the State of California or others to decide. Estate planning is much more than just having a Will.

What happens if I don't have a plan?

When you die without a Will (a.k.a. "Intestate"), your assets will be distributed according to California State law. Additionally, the Court will appoint guardians for your minor children. Unfortunately, a Probate judge does not know you, your family, or your financial situation better than you. Thus, a judge's decisions about how to divide your assets or who should raise your children may not match your wishes.

Without a valid plan all decisions about your estate must be approved through the Probate Court system, which is very slow and costly process.

I'm not rich....Do I need an plan?

Whether you are rich or poor, young or old, married or single, a parent or without children, you should invest in an estate plan. If you have any of the following:

- Children
- Cash, Stocks, Bonds
- Furniture, Cars, Jewelry
- House
- Business
- Life Insurance
- Social Security Benefits
- Disability

Then you should have an estate plan!



What's the difference between having a "Will" and a "Living Trust"?

A Will is a legal document that specifies how you would like your assets distributed at your death, and who you wish to be the guardians for your minor children. The Will names an executor to facilitate the management of your Will during the Probate process.

A Living Trust, on the other hand, is an estate planning instrument that allows you to maintain greater control over the disposition of your estate and to determine what will happen following your passing. As long as you are alive, you can maintain control over the property in the trust, including using it, selling it, gifting it or spending it.

Upon your passing, the Trust Property may be transferred directly to your heirs, the beneficiaries of the trust, and it will not have to pass through Probate. While you are alive, you will serve as the trustee, and after your passing the trust will fall under the administration of the successor trustee whom you have designated to be the person who manages and distributes the trust property.

Category

Level 1: No Planning

Level 2: Wills

Level 3: Trusts

How it works?

Level 1, State Law dictates who inherits your "estate" (all of your assets) after your death.

Level 2, You specify what happens to your "estate" (all of your assets) after your death

Level 3, You specify what happens to any assets you place in the trust ("trust property")

Probate? Level 1, Goes through probate, Level 2 Goes through probate Level 3 Avoids probate

Privacy? Level 1 Public hearing, Level 2 Public hearing, Level 3 Stays private

Beneficiaries? Level 1 Cannot choose who inherits property, Level 2 Names people to inherit your "estate", Level 3 Names people to inherit your "trust property"

Guardians? Level 1 Cannot choose a guardian for your children, Level 2 Names a guardian for your children, Level 3 N/A

Administration? Level 1 Cannot choose an "executor" for your estate, Level 2 Names an "executor" to administer your estate, Level 3 Name yourself as "Trustee" to manage the trust while you are living -Name a "Successor Trustee" to manage the trust after your death



Property Distribution? Level 1 No Control:

- Cannot make specific gifts of property
- Cannot leave assets to step-children, close friends, or charities
- Cannot delay inheritance until beneficiary reaches a certain age
- Cannot control how beneficiaries will use their inheritance

Level 2 Some Control:

- Make specific gifts of property
- State who receives to the rest of your estate (not specifically gifted)
- Entire gift or inheritance goes to beneficiaries (no periodic distributions)
- Cannot delay inheritance until beneficiary reaches a certain age
- Cannot control how beneficiaries will use their inheritance Max

Level 3 Control and Flexibility:

- Make specific gifts of "trust property"
- State who receives the rest of your trust property (not specifically gifted)
- Make periodic distributions of income or principal
- Make distributions after beneficiaries reach a certain age (21, 25, 30 years old)
- Control how beneficiaries will use their inheritance

Incapacitation? Level 1 May need an expensive conservatorship proceeding, Level 2 May need an expensive conservatorship proceeding, Level 3 Avoids conservatorship à Successor Trustee can manage the trust property if you become incapacitated

Drafting Cost? Level 1 None Level 2 \$100 - \$300 Level 3 \$1,000 - \$1,500

Probate Cost? Level 1 Extremely High(Avg. \$30,000 - \$40,000), Level 2 Minimal

Level 3 None



How does a Living Trust avoid Probate?

When an estate is conveyed through a Will, the Probate Court must validate the Will before its provisions can be carried out. It can take 12 to 18 months, and typically costs as much as 8-10% of the total value of your estate. Assets held in a Living Trust are not subject to Probate. These assets will pass according to the terms of the Living Trust immediately, without dealing with the cost and delay caused by the Court process.

What are the cost benefits of avoiding Probate?

Probate can be extremely expensive because of Court fees, attorney's fees, executor fees, and appraiser fees. Probate typically costs 8% to 10% of the gross value of the estate.

For example, if your only asset is a \$400,000 house, the cost of Probate would be \$32,000 to \$40,000. But wait....what if there is still \$300,000 to pay on the mortgage, reducing your equity to \$100,000? The Probate would still cost \$32,000 to \$40,000, because fees are based on the gross value of your assets, not the actual value.

What are the benefits of avoiding Probate?

Your assets will pass to your beneficiaries faster, more cheaply and privately. For example, your spouse and children could receive income to provide for their living expenses immediately, instead of waiting a 12 to 18 months for Probate Court proceedings to conclude.

How will I know whether I need a "Will" or a "Living Trust"?

After you complete the online interview and/or client intake questionnaire, your information will be reviewed by our attorneys. We will discuss the information with you and decide which course of action best fits your individual circumstances.

What should I consider before I begin estate planning?

- Who will be the executor of your Last Will
- Who will be the successor trustee after you if you draft a Living Trust
- Who should be the Guardian for your minor children
- Who will make financial decisions for you if you cannot make them yourself
- Who will make health care decisions for you if you cannot make them yourself
- How you want your end of life medical care handled



- If you want to make any anatomical gifts at your death
- How you want your estate to be distributed at your death

What do I need to accomplish my estate planning goals?

Estate planning is much more than having a Will. Common estate planning tools include:

- Wills
- Living Trusts
- Powers of Attorney (Financial Decisions)
- Powers of Attorney (Medical Decisions)
- Letters of Instruction
- Beneficiary Designations

When should I have it reviewed?

You should have your estate plan reviewed every 2-3 years. In addition, the following events should trigger an immediate review of your plan:

- the birth of a child
- change in your state of residence
- a significant change in the value or character of your assets
- a change in intended beneficiaries
- the death of a beneficiary
- the death of a guardian, trustee, or personal representative named in your

a change in tax laws affecting federal estate tax deductions and calculations

TRUST

You will need to obtain two notary copies of your trust. In this section you will file a copy of your trust with Notary seal. The original should be kept in a safe deposit box.



Master Legal Asset Inventory

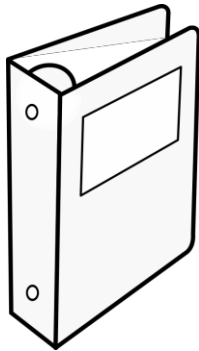
1 st Attorney:	Phone:	Stock Broker:	Phone:
	Email:		Email:
	Website:		Website:
2 nd Attorney:	Phone:	Accountant CPA:	Phone:
	Email:		Email:
	Website:		Website:

Product Name:	Date Last Updated:	Point of Contact &	Location of	*Account Number:
Healthcare Power of Attorney				
General Power of Attorney				
Living Will				
Advance Directives				
HIPPA Release Form				
Will				
Trust				
Promissory Notes				
Partnerships				



CHAPTER SIX:

Designing the Medical Records Binder





Current Situation Organizing Home Medical Records

Q: Do you have a medical record of your loved ones medications, labs and insurance documents? Q: Do you have unpaid medical bills?

If yes, How many? How much is the approximate total?

How far back do they go?

Q: What is your loved ones current health status?

Q: To what level does your loved one you receive aids for daily living?

Q: When was their last hospital admit?

Q: Are you having difficulty working with your insurance company, bill collectors, at home healthcare services?

Q: Do you have any physical limitations?

Medical Organizer Binder and Manual File System

A. The loved ones Medical Records Binder:

- a. To Provide a physician's office or hospital admissions with the necessary information for completing the administrative requirement to provide you medical care services.
- b. To provide a clinical team the general information of your healthcare status.
- c. To facilitate communication in coordination of you healthcare to each critical member of your healthcare team and relatives.
- d. This form should be used during each physician and hospital visit to include the Emergency Room.



B. Medical Business Card Section

- a. Used to retain business cards of the professionals that are providing you care.

C. Physician Office Visit

- a. Used to record current information about your healthcare status
- b. Ask office nursing staff to write in the results for each visit

D. Diagnostic Test Log

- a. For every test there is a numeric result that indicates your status
- b. Keep an updated record of those exact results
- c. Tell you hospital team upon admissions of this chapter in your binder
- d. Let the physician office staff write in your results during your office visit

E. Medications Log

- a. Use this log to record the medications that you are currently taking and have taken in the past.
- b. Under results: state what the drug did for you, this is where you would record the side effects that you experienced while taking this drug

F. Medical Bills and Negotiation

- a. Staying organized with bills is a process.
- b. Have a folder labeled for each account
- c. When the bills come in, place their statements into their accounts
- d. Then plan on returning to these bills
 - i. Call the account and get the name of the person in the billing department that negotiates discounts.
 - ii. Know the total, the amount that the insurance paid and state 20% as what you are able to pay.
 - iii. Try to negotiate all the bills in a single account at the same time.



G. Alternate Site Healthcare Coordination

- a. Use this section to record the critical administration and clinical staff at the facility
- b. Gather these names at the introduction. Go deeper into their organization chart than just the single facility. If a corporation, who are they, where are they headquarters, who at corporate is in charge of clinical operations and C-Level Executives and Legal Councilor.

H. Communication & Coordination Memo (template p.71)

- a. Use Memo template to communicate your concerns to the management and clinical team at the healthcare facility. Copy the same correspondence to the necessary people in their organization.
- b. You can send them this form as your communication or use the form to assemble the facts for what you will include to a letter.
- c. In healthcare, you have to document what is said or it is as if nothing was ever stated. Document, Document, Document.
- d. Do not be afraid to go above someone's head, even the CEO answers to a Board of Trustees, and all of them answer to a government oversight group, State and Federal. But you have to be able to show that you tried to communicate and what the results were for that effort.



Name: Number:		Social Security	Birth Date:	Today's Date:
Address:		Mailing Address: (Same)	Home Phone: Cell Phone:	
My Doctors				
Name:	Specialty:	Phone Number:		
1.				
2.				
Height:	Weight:	As Of	Color eyes:	Color
	Date:		Hair:	
Known Allergies:		Alert Condition:		Blood Type:
1.	2.	3.		
List of Medications				
Name: Brand/Generic	Dose & Frequency		Date Started	
Pre-Existing Conditions, Surgeries or Procedures				
Diagnosis	Date/Doctor	Surgeries or Procedures	Date/Doctor	
Immunizations Records				



Physician's Name & Specialty Office Visit		
What are my symptoms:	What are my questions	Date of Appt.
		Temperature:
Physician's Diagnosis:		
		BP: /
		Pulse:
		Height:
		Weight:

Physician's Name & Specialty Office Visit		
What are my symptoms:	What are my questions	Date of Appt.
		Temperature:
Physician's Diagnosis:		
		BP: /
		Pulse:
		Height:
		Weight:



Physician's Name & Specialty Office Visit		
What are my symptoms:	What are my questions	Date of Appt.
		Temperature:
Physician's Diagnosis:		
		BP: /
		Pulse:
		Height:
		Weight:

Physician's Name & Specialty		
What are my symptoms:	What are my questions	Date of Appt.
		Temperature:
Physician's Diagnosis:		
		BP: /
		Pulse:
		Height:
		Weight:



Medications Log

Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	
Drug Name:	Dose & Frequency:	Date Started:
	Doctor:	Date Stopped:
	Diagnosis:	Result:
	Symptoms to watch out for:	



Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	
Drug Name:	Doctor:	Date Started:
	Diagnosis:	Date Stopped:
	Symptoms to watch out for:	Result:
	Dose & Frequency:	



Rehabilitation Center (Out Patient)

Physician on Staff

Title:	Name:	Phone Number:	Email:
Director Of Nursing			
Facility Director			
Physician for Facility			
Supervisor Physical Therapist			
Billing Manager			

Director of Nursing

Title:	Name:	Phone Number:	Email:
Director Of Nursing			
Facility Director			
Physician for Facility			
Supervisor Physical Therapist			
Billing Manager			

Case Manager

Title:	Name:	Phone Number:	Email:
Director Of Nursing			
Facility Director			
Physician for Facility			
Supervisor Physical Therapist			
Billing Manager			



Communication & Coordination Memo

Patient Advocate Name: _____ **Relation:** _____

Patient Name: _____ **Date:** _____

_____ I have, _____ Do not have a Healthcare Durable Power of Attorney. Date on File:

Visit Date:	Time of Day:	Talked with Staff, Name:	Reviewed Chart:	Areas of Concern:	Unresolved previous issues:
					See Notes dated:
					See Notes dated:
					See Notes dated:
Corrective Action Has Been Noticed					
1.					
2.					
3.					
4.					
5.					

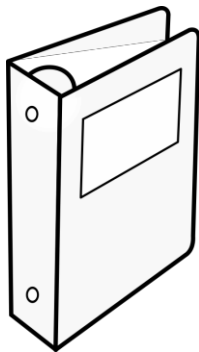
This Correspondence has been copied to the following: (check if included)

Facility Director: _____	Director of Operations: _____
Facility Medical Director: _____	Patients Physician: _____
Facility Corporate Director or Operations: _____	Facility Corporate General Council: _____
Health Plan Insurance Medical Director: _____	Health Plan, Director of Case Management: _____



CHAPTER SEVEN:

Designing the Support Network Binder





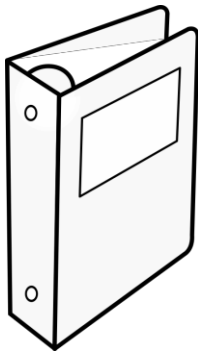
This is a list of “Support Services” that will be used during the Substance Use Disorder journey. Add to the list as needed

CATEGORY	Primary Point of Contact	Phone:	Email:	Notes:
Active Primary Care Physician				
Family Therapist				
Loved One’s Psychiatrist				
Specialist of Medical				
Social Worker / Case Manager				
Peer to Peer Coach				
City Services Community Center				
Addiction Counselor				
Mail order Pharmacy				
Involved Spouse				
Regular Friends				
Local Support Group Meetings				



CHAPTER EIGHT:

Designing the Spiritual Support Binder





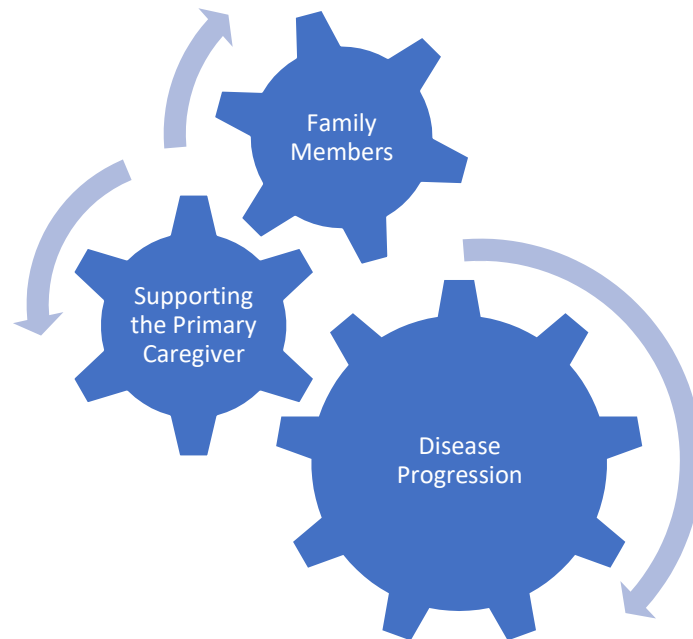
This is a list of spiritual support contacts, according to your faith practices. Add to list as needed.

CATEGORY	Primary Point of Contact:	Phone Number:	Email:	NOTES
Pastor				
Deacon				
Assistant Pastor				
Director Spiritual Ministry				
Senior's Program Leader				
Prayer Group Leader				
Home Eucharistic Ministry				
Pharmacist on team				
Involved Spouse				
Regular Friends				
VA Services if Veteran				



CHAPTER NINE:

Designing the Family Plan of Action





Developing a Family Strategy

What are changes to expect with your loved one?

Now:

Future:

Besides yourself, who else will be involved?

Now:

Future:

What behavioral changes do you expect to see?

Now:

Future:



What support will you likely need?

Now:

Future:

Travel and transportation needs?

Now:

Future:

What are your budgeting and financial needs?

Now:

Future:



IN THE END

You are doing all this to support your loved one.

It's still their decision, their life, your love.