SUPPORTER'S GUIDE

For the people who have agreed to help someone make their own decisions

1. Your Role in One Page

Someone trusts you enough to ask for your help. Your job is to help this person **understand, make, and communicate their own decisions**, and to honor their choices, even when you would choose differently. You are a **supporter**, not a decision-maker.

You are	You are not
A guide who helps the person understand their options	A decision-maker. Unless you hold a separate legal role, you cannot decide, sign, or consent for the person.
An ally who stays beside them at appointments, calls, and meetings	A gatekeeper who decides who sees or speaks to the person
A memory aid who keeps notes and helps the person follow through	A spokesperson who speaks over the person or instead of the person
A watchful friend who speaks up if something seems wrong	Anyone who may take money, gifts, property, or advantage because of the role

If you also hold another role

- You may also be the person's agent under a power of attorney, a trustee, or a health care agent. Those roles have their **own** rules and legal duties, and they are separate from this role. Keep them straight. When you act as agent or trustee, say so.
- As a Supporter, your goal is the person's own choice. As an agent, you may have to decide for them, and then your goal is to decide **as they would**, using what they wrote in the Agreement.
- **If they collide:** the Agreement (Part 7.7) asks you to follow the person's **current** choice whenever they can make it with support. If you must act as agent or trustee, act only under that document, tell people which role you are in, and if the person's current wish and earlier wishes seem to conflict, follow the current wish unless it would put the person in serious danger. In that case, consult the other Supporters and the physician named in the Agreement first, and write down why.

2. The Supported Decision Conversation

Use these seven steps for any significant decision. Slow down. Most mistakes happen when decisions are rushed.

1. **Ask What Matters**: Start with the person's values and goals, not the choices. "What is most important to you here?"
2. **Gather Information**: Find out what the person needs to know. Get the records, the quotes, the options, and the deadlines. If someone says "you have to decide today," ask why, and whether it can wait.
3. **Explain Plainly**: Use short words and small pieces. Use writing, pictures, or large print if they help. Avoid jargon. Repeat as often as needed.
4. **Compare the Choices**: Talk about the benefits, the risks, the alternatives, and what is likely to happen if the person does nothing. Be honest about the downsides of the choice you prefer, too.

5. **Let Them Decide**: Give the person time. It is fine to say "let's talk again tomorrow." Do not push your own opinion. Offer it only if asked, and say it is an opinion.
6. **Teach-Back**: Ask the person to say the plan in their own words. "Tell me what you decided, so I can make sure I explained it well." If it is not clear, you have not finished explaining.
7. **Record and Follow Through**: Write down the decision, who was there, and what happens next. Help the person carry it out, or communicate it to others, as they direct.

3. Hospitals, Rehabilitation, and Nursing Homes: A Playbook

The time around a hospital stay is the most dangerous for independence. Decisions are rushed, the person is ill and may be confused, and the system is built around leaving the hospital quickly. Here is how to help.

Right away

- Give the hospital a copy of the **Agreement, the HIPAA authorization, and the Notice to Providers (Exhibit G)**, and ask that they be placed at the front of the chart. Ask them to list you as a contact.
- Ask whether the person is admitted as an **inpatient** or only under **observation**. This affects what Medicare will cover later, including skilled nursing care.
- Ask that the person be **spoken to directly** and given the accommodations in Part 1 of the Agreement (glasses, hearing aids, time, quiet).
- Tell the staff what the person is **like at baseline**, so that a change in thinking or behavior is recognized. Ask them to look for treatable causes of confusion: infection, pain, dehydration, medication effects, constipation, poor sleep.
- Bring the person's **Comfort and Calm Plan** (Exhibit B). Familiar music, objects, routines, and visitors help the person stay oriented and calm, and may reduce the need for medication.

Before any discharge decision

- Ask to attend the **discharge planning meeting**, and ask who will be there.
- Ask what the **medical** reasons for leaving are, and what the person will need after leaving. Ask: "What would it take to get this person home safely? Let's look at home options first."
- Ask whether the person qualifies for **home health, outpatient therapy, equipment, meals, or paid caregivers**, and what each costs.
- Ask about the discharge **appeal** rights, and how and when to use them. You usually must act **before** the discharge date.
- If a nursing home or rehabilitation facility is proposed, ask: "What is the goal, and how long?" Get the plan to **return home** in writing, and the name of the person who will review it each week.
- Do **not** sign admission papers as the person's "responsible party" or guarantor unless you have read them with a lawyer. Signing may make you personally liable. Supporters do not have to sign.
- Do not rely on star ratings alone. Visit. Ask about staffing, falls, and how often the home is cited, and talk to residents and families.

If someone proposes a guardianship

- Stay calm. Call the person's attorney **right away** and the other Supporters, the trustee, and the trust protector. Part 8 of the Agreement asks that they be notified.
- Ask what **less restrictive options** have been considered: this Agreement, the trust, the powers of attorney, a physician's reevaluation, home services.
- Ask for the **physician named in the person's Competency Clause** to see the person. Do not agree to any other evaluation without legal advice.
- Make sure the person has a **lawyer of their own choice**, and is **present and heard**.

4. Warning Signs: Undue Influence, Isolation, and Exploitation

The most common pattern is simple: **isolate, medicate, and drain the estate.** Watch for these signs, in others and in yourself:

- New friends or relatives who suddenly control access to the person, answer the phone, or screen visitors.
- The person is kept from old friends and family, or from the doctor.
- Sudden changes to wills, trusts, beneficiary forms, powers of attorney, or bank accounts.
- Missing money, unpaid bills, unusual withdrawals, new credit cards, or "loans."
- Pressure to sign something, to decide **now**, or to keep a secret.
- The person seems afraid, withdrawn, or repeats what someone else told them.
- Medications changed without explanation, or the person is overly sedated.
- Threats to place the person in a nursing home if they do not comply.

What to do: tell the other Supporters, the trustee, and the trust protector; write down what you saw, with dates; and if the concern is serious, call Adult Protective Services or the police. You do not need proof. APS investigates. In Missouri, call the Adult Abuse and Neglect Hotline at 1-800-392-0210.

5. When the Person's Abilities Change

- **Support More, Not Less**: More time, simpler words, a better time of day, a quieter room, a trusted face, and another conversation tomorrow.
- **Decision by Decision**: Capacity is specific to the decision, and it comes and goes. A person may not be able to manage a pension but may know exactly where they want to live.
- **Look for Fixable Causes**: Sudden confusion or agitation is often an infection, pain, medication, or dehydration, and it is often reversible.
- **Do Not Declare Incapacity**: You and the Agreement cannot declare the person incapacitated. That is for the physician(s) named in the person's plan. You may **ask** for an evaluation if you are worried, and say what you have seen.
- **Stay Involved**: If the person's agent or trustee takes over, you remain the person's voice. Remind them of what the person said in the Agreement, and ask to be consulted, to be informed, and to be present.
- **Keep Honoring Their Wishes**: When the person can no longer say what they want, the Agreement and Exhibit B are how they say it. Use them.

6. Taking Care of Yourself

Supporting someone is meaningful and tiring. Ask for help. Share the work with the other Supporters, set limits, and take breaks. A Supporter who is exhausted cannot support well. If you can no longer serve, tell the person and the other Supporters, and resign in writing (Exhibit F). That is a responsible decision, not a failure.

7. Your Do and Don't List

Do	Don't
Ask first. Listen to the answer.	Do not decide for the person, or sign for the person.
Keep notes on decisions and conversations.	Do not accept money, gifts, or paid work without a written agreement.
Keep the person's information private.	Do not isolate the person, or restrict visitors, calls or mail.
Tell the person about any conflict of interest.	Do not pressure, rush, or trick the person.
Call the lawyer, trustee, or protector when you have a doubt.	Do not promise things the person cannot decide.
Report suspected abuse.	Do not ignore warning signs to keep the peace.

SUPPORTER'S DECISION LOG

Keep a log of decisions you helped with. It protects the person and you. A log, with dates, can show later that the person made the decision and understood it.

Date	Decision and options	What the person said and decided (their words)	Who was there	What happens next