



01:15 Partner and Public Input

- Other updates
- Event announcements

01:30 UCOA Meeting Adjourned

**Next UCOA Meetings:**

*Nov 8, 2018 – Thursday, 12:00 – 1:30 PM*

*AARP Utah Conference Room 6975 S Union Park Ave #320 Midvale*

*Feb 6, 2019 – Wednesday, 11:00 – 2:00 PM*

*State Capitol Board Room*

*Includes Joint Open House with Falls Prevention Alliance for Legislators*

*Committee (virtual) meetings Sept – Oct as notified by Chairs*

# Utah Commission on Aging

## *Executive Director Report*

### Engagement Highlights

- Recruited Glenn Wright and Chris Burbank to the Commission
- Participant with Utah CCPP (Creating Caregiver Provider Partnerships) workshop
- Co-presented with Commission Member Tracey Larson at the Richfield Senior Fraud Conference on “Exploitation at Your Front Door”
- BankSafe Initiative – AARP’s national initiative kicked off May 16 in Washington DC. Utah is a pilot state with 8 financial institutions participating; Scott Simpson, Utah Credit Union Association, was a featured speaker.
- Interview with Utah Business Magazine on the impact of Utah’s aging population
- Along with Commission Member Cindy Turnquist met with representative of Helpful Village
- Participant on Governor’s 2020 Census Committee
- End of Life Summit – over 100 attended 3<sup>rd</sup> annual event on end of life conversations, stakeholder roles, palliative care, brain health assessments.
- Participant in U4A meetings in Logan
- Attended AAIC and N4A meetings in Chicago; presented with Falls Prevention Alliance partners at N4A
- Attended with Communications Consultant Janice Evans the Utah Native American Heritage conference at UVU in Orem.
- Utah POLST Registry Committee – application and funding partners in play
- Utah Legal Services/APS/UCOA Dept of Justice Grant – underway and still looking for real stories to share
- Music & Memory Utah Coalition quarterly meeting held Aug 2 (*see briefing notes*)

## *UCOA Committee Reports*

### Communications Committee Report

- “The Rap on Aging” – published Ep 4 on Advanced Directives and POLST – w Troy Wilson, Doug Cummings, Sarah Woolsey; recorded Ep 5 “Nothing to Hide, Everything to Lose” with Chris Burbank and Debbie White
- Facebook – share events and post
- Updated website – suggest content and link up
- DOJ Grant – ASK of EVERYONE – we need stories
- Annual Report 2017-18 input by end of August
- Please submit story ideas to [zjanice.evans@gmail.com](mailto:zjanice.evans@gmail.com) or [rob.ence@utah.edu](mailto:rob.ence@utah.edu)

## **Community Resources Committee – July 26, 2018**

Our goal is to build awareness, collaboration and access to services and service providers in Utah. In addition, we want to promote outreach programs for creative aging, diversity support and rural/lower served areas.

Our role is to provide guidance to UCOA:

- Identify desired outcomes
- Finalize a strategic plan
- Give direction to sub-committees
- Reach out to recognized leaders/companies in goal related fields

## **Research & Academia Committee - August 2, 2018**

The committee discussed what it can contribute to UCOA, information the commission needs to know, potential missing topics, types of information the group would like to share, and who else should be involved on this committee. Below are main topics discussed:

- Enhance collaboration to reduce redundancy and facilitate efforts.
- Provide content and feedback to UCOA website, including: research, publications, and educational programs focused on gerontology/aging studies in Utah
- Concern about:
  - emphasis in community regarding need to increase housing by developing multi-level housing without consideration for 1) aging population needs, 2) desire to age in place
  - Increase in suicide and self-harm rates for aging population
  - Rural aging in Utah - how do we find caregivers and how do caregivers find access to services?
- This committee needs to represent the entire state of Utah. We are looking for representatives from other colleges and universities (SUU, UVU, Dixie, SLCC, etc.). Current members represent BYU, USU, UU, and Weber
- How can academic programs help prepare knowledgeable and skilled professionals to meet the needs of the rapidly growing senior population?
- How to attract students to this area of study?
- How can we partner with the community and the state to improve the education to job pipeline that values and seeks out graduates with degrees/certificates in Gerontology?

## Community Partners

### *Alzheimer's Association – R Daniel*

I want to share with you some exciting news from the recent Alzheimer's Association International Research Conference that I attended last week. Try to imagine being at a conference with over 5,600 researchers from around the world coming together to collaborate on Alzheimer's and related dementia research. My head was swimming by the end of the week as I was exposed to the best and the brightest scientists who have dedicated their lives to finding a way to relieve the suffering and difficulties that Alzheimer's disease thrusts upon more than 42 million people worldwide.

So many incredible announcements about new breakthroughs in research were announced. Here are three of the highlights I found most fascinating:

1. **BAN2401 Phase 2 Data Released**: Eisai Co., Ltd., and Biogen Inc. announced this second Alzheimer's clinical trial that has demonstrated both clearance of amyloid from the brain and cognitive benefits - again, the studies were not large enough to demonstrate cognitive efficacy and the BAN2401 study did not meet its primary endpoint. That said, these two studies indicate that amyloid remains an important therapeutic target to pursue in Alzheimer's disease.
  
2. **SPRINT MIND Trial**: The preliminary results of the SPRINT MIND trial provide the strongest evidence to date about reducing risk of Mild Cognitive Impairment (MCI) and dementia through the treatment of high blood pressure, which is one of the leading causes of cardiovascular disease worldwide. The study indicates that keeping systolic blood pressure less than 120 mm Hg, has positive effects on reducing MCI and dementia.
  
3. **Women's Reproductive History and Dementia Risk**: A study on women's reproductive history across the entire life course and its relationship with risk of Alzheimer's disease and other dementias, found that:
  - a. Women in the study with three or more children had a 12 percent lower risk of dementia compared to women with one child.
  - b. Each additional report of a miscarriage was associated with a 9 percent increased risk of dementia, compared to women who reported no miscarriages.
  - c. Women who indicated having their first menstrual period at age 16 or older were at 31 percent greater risk than those who reported having their first period at 13 or younger.

- d. Compared to women who experience natural menopause after age 45, those who experience natural menopause at 45 or younger were at 28 percent greater dementia risk.
- e. A separate study presented at AAIC 2018 including 133 older women in the UK found that a woman's total number of months of pregnancy, especially months spent in the first trimester, was a significant predictor of Alzheimer's risk. The researchers reported that, in this study population, a woman who spent 12.5 percent more months pregnant than an otherwise identical woman had about 20 percent lower Alzheimer's risk.

The research that will lead to a treatment and eventually a cure for Alzheimer's disease and related dementia is closer than ever. Thank you for your support of our efforts. If you have not yet started a team for the 2018 Walk to End Alzheimer's, I encourage you to do so. Funds raised through our eight Walks across Utah will help to provide fuel for this ever-important research. Visit [www.alz.org/walk](http://www.alz.org/walk) today and help us find that first survivor today!

### *Alzheimer's Coordinating Council – L Meinor*



#### **Alzheimer's Disease and Related Dementias Coordinating Council Charter**

- I. The Coordinating Council for the Alzheimer's Disease and Related Dementias (ADRD) program at the Utah Department of Health (UDOH) meets to share information and identify and facilitate collaborative, action-oriented approaches to implement the State Plan for ADRD. The two Co-Chairs are appointed by the Utah Department of Health. Workgroups have been identified within the Council to develop strategies for implementing each of the four goals outlined in the State Plan.
  - a. Goal One: Dementia-aware Utah
  - b. Goal Two: Support and Empower Family and Other Informal Caregivers
  - c. Goal Three: Dementia-Competent Workforce
  - d. Goal Four: Expanded Research in Utah

#### Objectives:

- a) Forum for discussing and updating the State Plan.
- b) Appointed Co-Chairs for each of the State Plan goals will be involved in agenda planning meetings, prioritizing goals, and facilitating the Coordinating Council.

- c) Workgroups are structured around the four goals as outlined in the State Plan.
  - d) Collaborate to successfully implement all recommendations outlined in the State Plan.
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- II. Participation is open to organizations supporting, representing, and serving direct health care service to the ADRD population in Utah. These include but are not limited to: primary-care community clinics, state organizations, volunteer clinics, health centers, school-based health centers, caregiver and assisted-living centers, caregiver support groups, small group and physician organizations, behavioral health, and all other organizations that represent ADRD. Members of the Coordinating Council will participate on one of the four workgroups.
  - III. The structure and charge of the Council may evolve over time and should undergo periodic evaluation and reorganization when necessary. UDOH will lead in organizing meetings, drafting documents, and gathering feedback from coordinating council members.
  - IV. All member organizations understand that from time to time, interests of the Council members may be different or not completely in line with all members, and it is incumbent upon those council members to articulate their differences and come to agreement with the Council on how to address them.
  - V. All organizations participate with the understanding that many decisions and actions will need to occur quickly, and all organizations agree to respect the need for rapid decision making.
  - VI. Meetings will be held in person, quarterly at UDOH. Co-chairs will meet on alternate months from the Coordinating Council meetings. The meeting schedule will be developed one year in advance. Conference calls will occur as needed.

### ***Falls Prevention Alliance - S Aerts***



Three evidence-based fall prevention classes offered through the Utah Department of Health; Tai/Chi for Arthritis/Health, Stepping On and Enhance Fitness. Class locations and times can be found at: <http://livingwell.utah.gov/> Otago, a fall prevention exercise program delivered in the home by a physical therapist is also available. Call the Department of Health's Resource Line: 888-222-2542 to refer someone to the program. Rob Ence, Kristy Cottrell, Marianne Christensen, and Sally Aerts gave a presentation on Utah's multi-faceted fall prevention program at the National Association of Area Agencies on Aging annual conference in late July. Activities are being planned for Fall Prevention Awareness Day on September 21st.

## ***U4A (Utah Association of Area Agencies on Aging) – K Cottrell***

Nearly 300 people registered to attend the annual Elder Abuse Conference held on May 15, 2018 at the Snow College Campus in Richfield, Utah. Attendees represent a wide variety of professional disciplines and included Law Enforcement, Adult Protective Services, Senior Centers, Home Health, Legal, nursing, and our Aging Services. This year's conference was designed to bring together local resources to build networks and better serve our Elder population in all areas of our state. This conference is designed to promote education, discussion and solutions for the issues being faced by our Elders and Caregivers in Utah today. Highlights included two national speakers, Paul Greenwood, formerly with the San Diego County District Attorney, and Sandy Markwood, CEO of the National Association of Area Agencies on Aging.

The 2019 Elder Abuse Conference, tentatively scheduled for May in Utah County, will seek presentations emphasizing Justice for All.

## ***Children's Service Society – E Redd***

The Grandfamilies program at Children's Service Society has received funding through the state legislative session to maintain and expand services in Weber County and Cache County through this year. We are currently looking for office space and beginning the process of hiring new staff



Grandfamilies at Children's Service Society was featured on 60 minutes this past May. This has brought much needed attention to kinship families and their needs nationally and locally in Utah.

The Family First Prevention Service Act has passed at the federal level. This act includes possible 50% match funding for states that are implementing a kinship navigation program to meet the growing needs of kinship families due to the opioid epidemic. Grandfamilies is working hard to educate the state on the importance of accepting this match funding to meet the growing demand in Utah.

Grandfamilies has been present at discussions regarding opioid use and misuse in the aging population and the possibility of creating a prevention coalition of task force to meet this need in Utah.



## ***Emergency Preparedness – L Milne***

Thank you to SLCO Aging Services for the opportunity to present an overview of my multi-part emergency prepare program for the aging population to the 19 Senior Center program leaders. It was well-received.

I am piloting a way to promote stronger attendance at the Millcreek Aging Center by presenting a different brief weekly Emergency Prepare Tip during lunch time, inviting them to attend our October 10<sup>th</sup> program for instruction and demonstration about that emergency tip.

Since our last UCOA meeting I have presented to:

- Two separate Tooele County audiences.
- Region 2 VOAD (Voluntary Organizations Active in Disaster) and the State VOAD organization.
- Various groups leadership in Millcreek.
- Canyon Rim Community Association.
- ChamberWest Chamber of Commerce serving Taylorsville, Kearns and West Valley City.
- Two separate locations of Brightstar Home Health and Hospice.

Preparing articles for publication in community and congregational newsletters and for inclusion on my new blog: [PreparetoRespond.blogspot.com](http://PreparetoRespond.blogspot.com).

Actively seeking speaking opportunities to talk about emergency preparedness for the aging population.

## ***University of Utah College of Nursing:***

### ***Utah Geriatric Education Consortium (UGC) – L Edelman***

1. The University of Utah College of Nursing's Utah Geriatric Education Consortium (UGEC) (Linda Edelman, PI) was funded for a 4th year through HRSA's Geriatric Workforce Enhancement Program. UGEC partners with Health Insight, Avalon Health Care and Mission Health Services to increase primary care delivery in long-term care through interprofessional education and training programs including a nurse residency program, Interact training, medical director certification, and post-acute and long-term care emphasis gerontology interdisciplinary program post-graduate certification. This coming year UGEC will host caregiver conferences in San Juan County and the Uintah Basin. Please contact [linda.edelman@nurs.utah.edu](mailto:linda.edelman@nurs.utah.edu) for more information.

2. If you are interested in opioid use in older adults, please consider joining the newly formed 'Older adult Opioid use working group'. The group is comprised of clinicians, researchers and public health workers interested in addressing opioid use disorder as well as appropriate prescribing of opioids in older adults. Please contact [linda.edelman@nurs.utah.edu](mailto:linda.edelman@nurs.utah.edu) for more information.

## *University of Utah Gerontology Interdisciplinary Program – J Eaton*

### **Care Manager Assistant Position**

Need an avenue to enter or step-up in the eldercare or healthcare field?? Join a progressive firm serving this growing population, experience career satisfaction, and the potential for personal/professional growth.

Private Care Management/Guardianship firm seeks full-time Care Manager Assistant to assist Care Managers and Guardians with coordination and management of care and services for older, incapacitated and/or disabled adults. Qualified candidates will have some educational and/or experiential background in the eldercare or healthcare fields; candidates with bachelor or master's degrees and/or Spanish-speaking skills may receive preference.

Duties include: making client visits; attending physician or other appointments; being with and comforting clients when hospitalized; making telephone calls to assess and locate services; emailing updates and status reports to families and/or other interested parties; and assisting with assessment of client needs and reporting back to Care Manager.

Candidate must be a self-starter, self-motivated, and have excellent communication and organizational skills with great attention to detail. Candidate should also be autonomous and skilled at multi-tasking and networking with multiple parties. Basic computer (Microsoft Office) and typing skills required. Hours are primarily M-F daytime with flexibility; some call required. Salary commensurate with abilities/experience. If qualified and suited for this position, please email cover letter and resume to Dr. Lois M. Brandriet at [loisb@guardianadvocateservices.com](mailto:loisb@guardianadvocateservices.com) with "Care Manager Assistant" in the subject line.

## *Music & Memory Update – R Quatrala*

### **Music and Memory Needs iPods**

The Music and Memory program helps older adults reconnect with precious memories through personalized music. **Jewish Family Service** is a nondenominational social service agency and is pleased to provide this program to older adults in the community. Personalized music is especially helpful to persons with dementia. If you have a loved one who has dementia contact us for information about how the program might help them.

Our Music & Memory program relies heavily on the iPod Shuffle to deliver beloved music to the clients we serve. Unfortunately, Apple has discontinued the Shuffle and the Nano, leaving us scrambling to find an appropriate alternative. We are conducting a fall iPod drive. If you happen to have a working iPod that you are no longer using, consider making a tax-deductible donation to Music and Memory.

We rely on donations to keep this program running. We need working iPods (especially the shuffle), charging cords and plugs, iTunes gift cards.

Thank you for your generous support!

Contact Rosemary at 801.746.4334 or [rosemary@jfsutah.org](mailto:rosemary@jfsutah.org) for more information.

# DONATE iPods

## TO BRING JOY AND COMFORT TO THE ELDERLY

**Music and Memory at Jewish Family Service** provides iPods loaded with beloved music to older adults living with dementia and chronic illness.



### Please help us by donating working iPods and chargers

Contact **Rosemary Quatralle** for more information

Older Adult Care Manager  
Jewish Family Service  
1111 East Brickyard Road Suite 218  
Salt Lake, UT 84106  
801-746-4334  
[rosemary@jfsutah.org](mailto:rosemary@jfsutah.org)



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# FALLS PREVENTION AWARENESS EVENTS

Standing Together to Prevent Falls

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**Friday, September 14, 2018**

**Liberty Park | 600 E. 900 S. Salt Lake City**

**From 9:30am – 12:30pm**

**Thursday, September 20, 2018**

**Murray Park | 495 E. 5300 S. Murray**

**From 9:30am – 12:30pm**

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Tai - Chi Demonstration • Annual Walk (10:00 am)  
Health/Balance Screening • Sack Lunch  
Vendors • Home Safety Tips & Guest Speaker.

Contact your local senior center to arrange transportation

**Hosted by local Senior Centers and the Utah Falls Coalition**



# CONNECT PATIENTS

**to self-management workshops  
and improve their quality of life.**

For patient resources, visit  
**[www.LivingWell.utah.gov](http://www.LivingWell.utah.gov)**



UTAH DEPARTMENT OF  
**HEALTH**

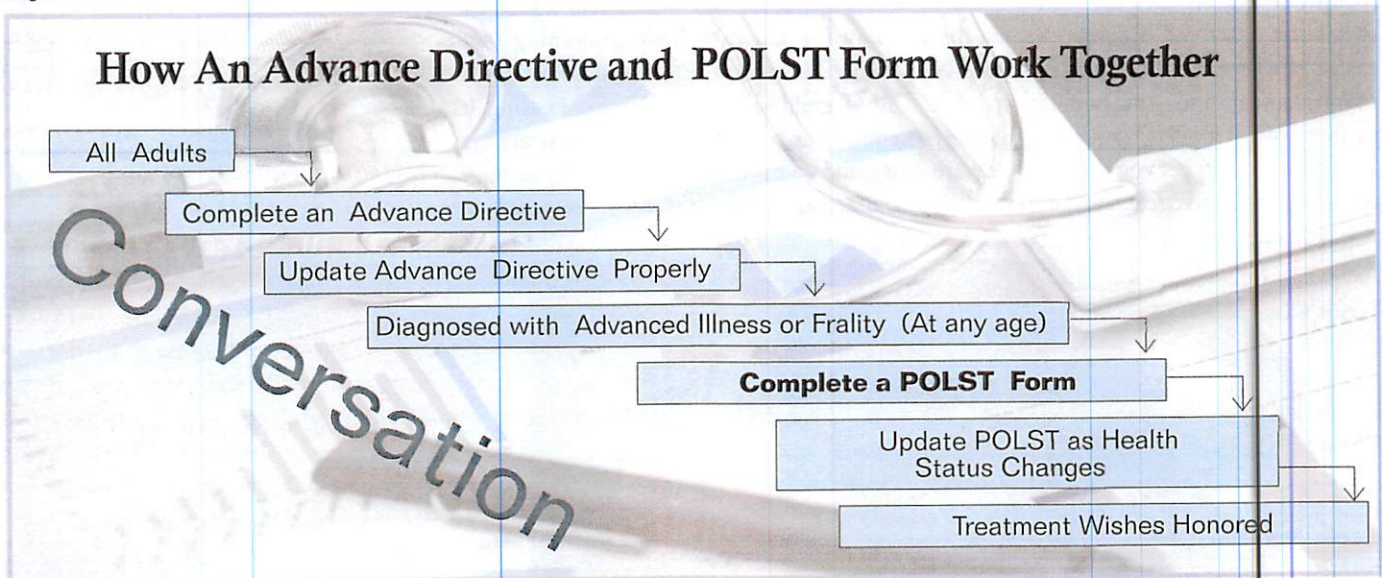
# Starting the Conversation About Being Mortal: What Physicians need to know about Advance Care Planning

BY CAMILLE COLLETT, MD, MPH

**A**DVANCE CARE PLANNING (ACP) is the process of making decisions about the care of an individual based on personal values and preferences. The purpose of ACP is to document a patient's values, beliefs, and desires for end-of-life (EOL) care and "allow an individual to maintain autonomy in medical decision-making when incapacitated by disease or terminal illness."<sup>i</sup> These decisions are shared conversations with the patient and their medical provider. As of January 2016, medical providers can bill for this conversation (99497 – first 30 minutes and 99498 for each additional 30 minutes).<sup>ii</sup> The patient's advance directive (AD) or provider order of life-sustaining treatment (POLST) should

be reviewed annually so their goals and wishes are known when patients are unable to speak for themselves. These forms should be scanned into the electronic medical record (EMR) and the paper copy displayed on the patient refrigerator or above their bed. Two-thirds of all adults have no living will or designated a health care proxy.<sup>iii</sup> Critical medical decisions are left to the medical team to discuss with family members who may not agree on what is best for the patient. When treatment options are no longer helping the patient, decisions to stop treatment near the end of life can create disputes and ethical dilemmas.<sup>iv</sup> The AD and the POLST documents are critical to honoring the patient's wishes.<sup>v</sup> (See Image I & Image II).

Img. 1



Img. 2

Differences between POLST and advance directives		
Characteristics	POLST	Advance Directives
Population	For the Seriously ill	All Adults
Time Frame	Current Care	Future care
Who Completes the Form	Health Care professionals	Patients
Resulting Form	Medical Orders (POLST)	Advance Directive
Health care agent or surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family respo

EOL studies repeatedly show that patients have preferences for care in the face of death and dying. A report by the Institute of Medicine on “Dying in America” revealed that many Americans have preferences for care that improve the quality of life, however, most are not fully aware of the existing hospice or palliative care options.<sup>vi</sup> Many benefits exist when ADs are utilized. Adults with ADs are more likely to choose the comfort of their homes rather than an acute care hospital setting as the place of their death.<sup>vii</sup> Furthermore, ACP has demonstrated concordance between a patient’s wishes and their EOL care, as well as increased quality of remaining life.<sup>viii</sup> In the U.S., very few individuals have taken advantage of ACP and are facing death unprepared. To compound the issue, many physicians have reported feeling uncomfortable about approaching the topic, or felt it was not their responsibility expecting someone else on the medical team to deal with this topic.<sup>ix</sup>

Studies have found that ADs specifying limitations in EOL care were associated with significantly lower cost of Medicare spending and a decreased likelihood of in-hospital death.<sup>x</sup> Medicare per capita spending was highest for inpatient services in the last year of life.<sup>xi</sup> From 2003 to 2007, the University of Utah Health Care in-hospital death rate dropped from 31.5% to 21.3%, with a large part of this being attributed to increased palliative care focus by the medical staff.<sup>xii</sup> This study also found

that 6.9% of patient deaths in Utah occurred with an ICU stay of 7 days or longer. This is approximately average as compared to other states. The best rate is in La Crosse, Wisconsin, where only 2.0% or less die in an ICU. La Crosse has provided education on ACP to their citizens and their medical professionals with the result of 96% of the adult population have an AD or POLST.<sup>xiii</sup>

While most medical providers believe ACP is consistent with best practice of care, a physician’s approach to an EOL discussion is often based on training.<sup>xiv</sup> Interdisciplinary palliative care teams have extra training discussions on ACP. These teams consist of licensed clinical social workers/case managers, palliative care specialists, geriatricians, oncologists and pastoral care. Palliative care teams can discuss options of care for patients with serious illness. The Institute of Medicine reports that there are chronic shortages in palliative care specialists to address the over 2 million people per year who die of cancer, chronic respiratory illness, heart disease, and cancer within the U.S. alone.<sup>xv</sup> Cardiopulmonary resuscitation (CPR) was intended to prevent sudden unexpected death. Patients with serious irreversible illness do not usually survive CPR. If they do survive resuscitation, there is likely to be significant impairment.<sup>xvi</sup>

Improving medical providers’ ability and willingness to discuss ACP will broaden the audience exposed to ACP. Utah has

excellent programs to improve the education of patients and medical professionals in advance care planning. The University of Utah sponsors the “Utah Certificate of Palliative Care Education (<https://continue.utah.edu/proed/palliativecare> - UCoPE). UCoPE is a four-day course designed for health care providers who want to improve their skills palliative care. HealthInsight has the “End of Life Care Summit” held at the end of April (<https://healthinsight.org/eol-summit>) that provides information for patients, caregivers and medical providers.

Utah physicians need to know about ACP not only for our patients but for ourselves and our own families as we face the aging process. The Utah Medical Association and most Utah hospitals have copies of the Utah Advance Directive and the Utah POLST. Here are links to the forms and websites for more information. ■

[www.Leaving-well.org](http://www.Leaving-well.org)  
<https://aging.utah.edu/programs/utah-coa/index.php>  
<http://polst.org/professionals-page/?pro=1>  
<https://theconversationproject.org/>  
[http://healthinsight.org/files/General/Educational%20Resources/POLST%20Conversation%20Guide\\_HANDOUT\\_Website\\_508%20Compliant\\_FINAL\\_12-27-16.pdf](http://healthinsight.org/files/General/Educational%20Resources/POLST%20Conversation%20Guide_HANDOUT_Website_508%20Compliant_FINAL_12-27-16.pdf)

The Utah POLST Form (Medical Orders that can be followed in an emergency) web link: [http://health.utah.gov/hflcra/forms/POLST/POLST-Static\\_Revised2-16.pdf](http://health.utah.gov/hflcra/forms/POLST/POLST-Static_Revised2-16.pdf)  
 Utah Living Will (Legal designation of the health care proxy) web link: [https://aging.utah.edu/\\_documents/utah-coa/directives/fillin-2009.pdf](https://aging.utah.edu/_documents/utah-coa/directives/fillin-2009.pdf)

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# **Utah Legal Services**

Committed to Equal Justice

[www.utahlegalservices.org](http://www.utahlegalservices.org)

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## **Powers of Attorney**

A power of attorney is a document that gives someone else the right to act for you. People often use powers of attorney to let someone else handle their medical or financial affairs. In some cases, people use a power of attorney to let others help with their minor children. You can always change or take back a power of attorney as long as you are competent.

A power of attorney can be as broad or as limited as you want. You should be very careful about what powers you give someone else. These powers can be abused. Because you are giving someone power to act for you, you may want to talk to an attorney. Giving someone limited power may be better than giving them full power over your affairs.

Utah law provides a statutory power of attorney form,  
[https://www.utcourts.gov/howto/family/power\\_of\\_attorney\\_general/docs/01\\_Power\\_of\\_Attorney.pdf](https://www.utcourts.gov/howto/family/power_of_attorney_general/docs/01_Power_of_Attorney.pdf)

## **How do I choose an agent?**

You should be very careful when choosing your agent. It should be someone you trust to act in your best interests.

Before you name someone as your agent, you should talk to that person about it and get their consent. The person you choose as your agent should know that they have a duty of trust and must always act in your best interests. You can also name another agent to act for you if your first choice cannot.

## **How do I make a medical power of attorney?**

In Utah, there is a special form for making the medical power of attorney. This form is called the Utah Advance Healthcare Directive.

The Utah Advance Healthcare Directive has two parts. The first part allows you to choose someone to help you with your medical affairs. This person is called the agent. The second part lets you tell your healthcare provider about your wishes for medical treatment, such as life support, organ donation, etc.

You do not need an attorney to complete the form. The form also does not have to be notarized. You do need a disinterested witness.

You can find the form for the Utah Advance Healthcare Directive and instructions for completing it at <http://aging.utah.edu/programs/utah-coa/directives/>.

## **How do I make a power of attorney to have someone care for my minor children?**

In some cases you can give some of your rights as a parent to someone else using a power of attorney. This type of power of attorney will only last for up to six months. This kind of power of attorney may not work in all cases. For instance, schools may need more than a power of attorney from someone who is not a parent.

You can find the form to make a power of attorney for a child on the Utah Court's website at [www.utcourts.gov/howto/family/Power\\_of\\_Attorney/](http://www.utcourts.gov/howto/family/Power_of_Attorney/).

## **What do I do once I have created a power of attorney?**

Give the original signed power of attorney to the person you chose as your agent. If your agent has the original, they can show the document to your doctor or bank as proof of their power.

If your agent can make decisions about your house, buildings, or land you own, then you need to file the power of attorney with the County Recorder's office. File the document in the county where the property is located.

## **How long does a power of attorney last?**

You can choose how long a power of attorney will last, unless otherwise limited by the law. For example, you can make it as short as a few weeks while you are out of the country. You can also make it take effect only after a certain event occurs, such as your disability.

## **How do I end the power of attorney?**

You can end or revoke a power of attorney whenever you want, as long as you are competent. However, a power of attorney ends on its own when you die. Also, it ends when you become incompetent unless the power of attorney specifically states that it will continue even if you become incompetent.

The best way to revoke a power of attorney is to prepare the revocation in writing and before a notary. In addition, the person who previously had the power must be notified that the power is being revoked. Finally, it must be filed with the county clerk's office of any county in which you have the property that was covered by the power of attorney.

## **My parent has Alzheimer's disease. Can I get a power of attorney for them?**

No. Your parent is the only one who can create the power of attorney. If they have Alzheimer's, they may not be competent enough to create one. However, you may seek a guardianship or conservatorship.

## **What is the difference between a power of attorney and a guardianship?**

Like a power of attorney, a guardianship allows someone else to act for you. You cannot make someone your guardian on your own. A guardianship is granted by a judge. The person who wants to be your guardian must apply for guardianship through the courts.

Guardianships are granted when a person cannot take care of themselves. Guardianships may be granted to take care of both adults and children. For more information on guardianships visit our website, [Guardianship and Conservatorship](#).

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<http://www.utahlegalservices.org/node/39/powers-attorney>

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**UTAH STATUTORY FORM POWER OF ATTORNEY**  
**Utah Code Sections 75-9-101 et seq.**

**IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in Title 75, Chapter 9, Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney, or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions.

Co-agents are not required to act together unless you include that requirement in the Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent.

You may also name a second successor agent. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

**DESIGNATION OF AGENT**

I \_\_\_\_\_ (Name of Principal)  
name the following person as my agent:

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Telephone Number: \_\_\_\_\_

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: \_\_\_\_\_

Second Successor Agent's Address: \_\_\_\_\_

Second Successor Agent's Telephone Number: \_\_\_\_\_

### GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in Title 75, Chapter 9, Uniform Power of Attorney Act:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- Real Property
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Operation of Entity or Business
- Insurance and Annuities
- Estates, Trusts, and Other Beneficial Interests
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes
- All Preceding Subjects

### GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

**CAUTION:**  
Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.  
INITIAL ONLY the specific authority you WANT to give your agent.

- Create, amend, revoke, or terminate an inter vivos trust

- ] Make a gift, subject to the limitations of Section 75-9-217, and any special instructions in this power of attorney
- ] Create or change rights of survivorship
- ] Create or change a beneficiary designation
- ] Authorize another person to exercise the authority granted under this power of attorney
- ] Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ] Exercise fiduciary powers that the principal has authority to delegate
- ] Disclaim or refuse an interest in property, including a power of appointment

**LIMITATION ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

**SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

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**EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

### NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for guardian of my person: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

### RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

### SIGNATURE AND ACKNOWLEDGMENT

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your Name Printed: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or Printed Name of Principal \_\_\_\_\_

On this date, I certify that \_\_\_\_\_ (name)  
who is known to me or who presented satisfactory identification, in the form of  
\_\_\_\_\_ (form of identification), has, while in my  
presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or printed name (Notary Public) \_\_\_\_\_  
Notary Seal

[ This document prepared by: \_\_\_\_\_ ]

## IMPORTANT INFORMATION FOR AGENT

### AGENT'S DUTIES

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You shall:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:



- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### **LIABILITY OF AGENT**

The meaning of the authority granted to you is defined in Title 75, Chapter 9, Uniform Power of Attorney Act. If you violate Title 75, Chapter 9, Uniform Power of Attorney Act, or act outside the authority granted, you may be liable for any damages caused by your violation.

**If there is anything about this document or your duties that you do not understand, you should seek legal advice.**