



CenterLight Teamcare
A Program of All-Inclusive Care for the Elderly

Welcome Book



A MEDICARE AND MEDICAID PACE PROGRAM

A Program of All-Inclusive Care for Adults 55+
by CenterLight Healthcare

Care as unique as you are.™

H3329_WELCOMEBOOK_2017V2 Approved 11282017

Teamcare™ is here for you 24 hours every day!
Please contact us with any questions or concerns.

Telephone Numbers for Teamcare

Teamcare Site:	_____
Hours of Operation:	_____
Site Number (24 Hrs a Day):	_____
Alternative Number:	_____
Transportation Coordinator:	_____
Medical Practice Assistant:	_____
Participant Services:	<u>1-833-CL-CARES</u> <u>(1-833-252-2737)</u>

Care Management Telephone Number and Team

Phone Number to Reach Your Team:	_____
Doctor:	_____
Nurse:	_____
Interdisciplinary Team Manager:	_____
Social Worker:	_____



Welcome!

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Dear CenterLight Participant,

We'd like to welcome you to Teamcare, CenterLight Healthcare's Program of All-Inclusive Care for the Elderly. By joining us, you have taken an important step towards improving your health and quality of life.

As a new participant, you may have questions about our program. We have prepared this book to answer common questions and provide other information about the services and care we provide. Please use this Welcome Book as a supplement to your Enrollment Agreement.

If you have general questions, please call Participant Services at 1-833-CL-CARES (1-833-252-2737). TTY users should call 711, Monday through Friday, from 8 a.m. to 8 p.m. EST. After business hours, these same telephone numbers will reach Teamcare's on-call staff.

Thank you for trusting us with your healthcare needs. We look forward to serving you!

Sincerely,

Your CenterLight Team



**What happens after you
become a Teamcare Participant?**


YOU WILL RECEIVE YOUR CENTERLIGHT ID CARD

Membership Identification Card

When you become a participant of Teamcare, you will receive a membership identification card. You should use this card whenever you receive any health-related services covered by the plan including medications. When you receive your card, please verify that the information is correct. A sample identification card is provided below.

It is important that you present your card if you are asked to verify your membership in the PACE program.

If you have questions or your card is damaged, lost or stolen, please call the Participant Services Department at 1-833-CL-CARES (1-833-252-2737), Monday through Friday, from 8 a.m. to 8 p.m. EST. TTY users should call 711.

 CenterLight[™] Healthcare	PACE Member Services: 1-877-226-8500 711 TTY www.CenterLightHealthcare.org
Member ID: MemberID Name: <First Name> <Last Name>	Policy/Group: Policy Issuer ID: Issuer ID
PCP: PCP Name PCP #: PCP Phone	RxBin: RxBin RxPCN: RxPCN Amy RxGrp: RxGrp Data
PACE Site Location: Address 1 Address 2	MedicareRx Prescription Drug Coverage X

Send Medical Claims To: CenterLight Healthcare PO Box 24062 Newark, NJ 07101-0406	Send Pharmacy Claims To: Navitus P.O. Box 1039 Appleton, WI 54912-1039
Please contact the CenterLight Healthcare Nurse Manager to coordinate member's care except for emergencies. This card does not guarantee coverage.	
Provider Services (Claims Status): 1-800-761-5602 Medical Management: 1-800-695-1035 (TTY: 711) Pharmacy Help Desk: 1-855-673-6504 (TTY: 711) Healthplex (Dental): 1-800-468-9868 (TTY: 1-800-662-1220) VSP (Vision): 1-800-877-7195 (TTY: 1-800-750-0750) www.CenterLightHealthcare.org	

What to do if You Need Medications before you receive your Teamcare Membership Card

You will soon be receiving your Teamcare Membership Identification Card which you will use instead of your Medicaid card or Medicare Part D Card to get prescriptions filled. If you need to have a prescription filled before you receive the new card, please take this information to the drug store and show it to them:



For Medicare & Medicaid patients:

RxBIN: 610602

RxPCN: NVTD

Client ID# is the same as your **Participant ID#** _____

RxGrp: CLP

For Medicaid Patients only:

RxBIN: 610602

RxPCN: MCD

RxGrp: CMO

Client ID# is the same as your **Participant ID#** _____

If you still have problems please ask the pharmacist to call Navitus Pharmacy Customer Service at 1-866-270-3877 for Medicare and Medicaid participants, or 1-855-673-6504 for Medicaid only participants. You may also call Teamcare Participant Services at 1-833-CL-CARES (1-833-252-2737), 8AM to 8PM, Monday-Friday. TTY users should call 711.

ABOUT YOUR TRANSPORTATION BENEFITS

- All Day Health Center transportation arrangements are automatically scheduled for you.
- If you are not going to attend the center on your scheduled day, please call the transportation coordinator the day before.
- You will be scheduled for outside medical appointments. This appointment will be scheduled by the Medical Practice Coordinator.
- You will be notified in writing about all doctor appointments. The appointment card will be given to you while you are in the center or mailed to your home.
- Only one outside appointment can be scheduled per day, unless it is an emergency.
- For all outside appointments, you will be picked up 1 hour in advance.
- Only one person can accompany you in the ambulette, if needed.
- If needed, an aide will accompany you. Please discuss this with your Nurse.
- Please be fully dressed and ready at pick-up time.
- The driver is only required to wait 10 minutes for you.
- If you are not ready when the driver comes, please call the Transportation Coordinator to inform them.
- The ambulette drivers are not allowed to accept tips.
- The driver is not allowed to take you to any location other than your home or scheduled medical appointment.
- All patients that do not attend the center but have been scheduled to see a doctor or rehab, may be transported to the center before their scheduled appointment or remain at the center after their appointment.



**YOU WILL
BE PICKED UP
1 HOUR IN
ADVANCE**

For your safety, please note the following:

- The driver will escort you from your apartment door into the ambulette and then into center or medical provider's office. This process will be repeated on your trip home.
- It is important that your seatbelt remain fastened at all times while you are in the ambulette.
- You are prohibited from changing your seats in the ambulette at any time.
- Please do not discuss other patients in the ambulette
- You must immediately report any accidents or injuries to the Teamcare staff.



MONEY FOLLOWS THE PERSON (MFP)/ OPEN DOORS

This section will explain the services and supports that are available through Money Follows the Person (MFP)/Open Doors. MFP/Open Doors is a program that can help enrollees move from a nursing home back into their home or residence in the community.

Enrollees may qualify for MFP if they:

- Have lived in a nursing home for three months or longer
- Have health needs that can be met through services in their community

MFP/Open Doors has people, called Transition Specialists and Peers, who can meet with enrollees in the nursing home and talk with them about moving back to the community. Transition Specialists and Peers are different from Care Managers and Discharge Planners.



They can help enrollees by:

- Giving them information about services and supports in the community
- Finding services offered in the community to help enrollees be independent
- Visiting or calling enrollees after they move to make sure that they have what they need at home

For more information about MFP/Open Doors, or to set up a visit from a Transition Specialist or Peer, please call the New York Association on Independent Living at 1-844-545-7108, or email mfp@health.ny.gov. You can also visit MFP/Open Doors on the web at www.health.ny.gov/mfp or www.ilny.org.

NOTICE ABOUT NON-DISCRIMINATION

Teamcare, a program of CenterLight Healthcare, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment. Teamcare does not exclude people or treat them differently because of race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment.

Teamcare:

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- **Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services, contact Teamcare Participant Services.

If you believe that Teamcare has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment, you can file a grievance with: CenterLight Participant Services, 1733 Eastchester Road, 2nd Floor, Bronx, NY 10461, phone number 1-833-CL-CARES (1-833-252-2737), 8AM-8PM, Monday-Friday, fax 718-944-1235. TTY users should call 711. If you need help filing a grievance, Teamcare Participant Services, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-833-CL-CARES (1-833-252-2737) (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-CL-CARES (1-833-252-2737) (TTY: 711).

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-CL-CARES (1-833-252-2737) (TTY: 711)。

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-CL-CARES (1-833-252-2737) (телетайп: 711).

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-CL-CARES (1-833-252-2737) (TTY: 711).

**한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-833-CL-CARES (1-833-252-2737) (TTY: 711) 번으로 전화해 주십시오.**

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-CL-CARES (1-833-252-2737) (TTY: 711).

אויפֿמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט - 1-833-CL-CARES (1-833-252-2737) (TTY 711)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-833-252-2737 (TTY 711) ।

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-252-2737 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-833-CL-CARES (1-833-252-2737) (TTY 711)۔

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-833-CL-CARES (1-833-252-2737) (TTY 711)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-CL-CARES (1-833-252-2737) (TTY: 711).

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-CL-CARES (1-833-252-2737) (ATS: 711).

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-226-8500 (TTY: 711).

Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-833-CL-CARES (1-833-252-2737) (TTY: 711).



Keeping you safe

A. Disposal of Household Waste

For your safety and the safety of others, certain precautions need to be taken when handling and disposing of household waste. This document is meant to insure that you and your Teamcare caregivers follow the proper procedures.

What is Household Waste?

Household waste includes disposable items used when providing patient care in the home that have been soiled by blood, body fluids and/or body waste (i.e., feces or vomit).

Examples of household waste include, but are not limited to:



Used needles, syringes, lancets and other sharp objects



Used gauze bandages, dressings, disposable diapers, underpads & tissues



Used disposable gloves

Handling and Disposal of Household Waste

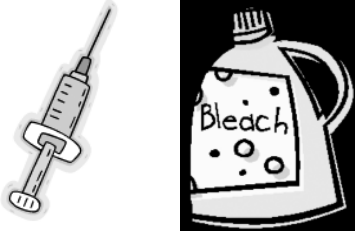
When handling and disposing of household waste, it is important that you and your caregiver follow these precautions:

- Your caregiver should always use gloves when providing patient care and/or discarding items soiled with blood or body fluids.
- Your caregiver should always wash his or her hands before providing patient care and after removal of gloves; you should always wash your hands after handling or disposing of your own household waste; and both you and your caregiver should always wash hands after using the toilet and before eating.
- Household waste should be disposed of in the regular garbage and not recycled.
- A waste container should be kept near your bed for the disposal of soiled bandages, diapers, underpads, tissues or other disposable equipment (except needles, syringes and sharps—see DO'S & DON'TS). Two plastic bags should be used to line the container. When the container is full, the bags should be closed securely and disposed of in the regular garbage. Feces, urine and vomit should be emptied in the toilet and flushed.



Special Handling of Needles, Syringes and Sharps

Certain kinds of household waste require special handling. When using and disposing of needles, syringes and sharps, you and your caregiver should follow these DO'S and DON'TS:

DO'S	DON'TS
<ul style="list-style-type: none">✓ Dispose of immediately  <p>The illustration shows a medical syringe with a needle attached, positioned to the left of a white plastic bleach bottle. The bottle has a label that says 'Bleach' and features a graphic of bubbles.</p> <ul style="list-style-type: none">✓ Use appropriate containers: Opaque, puncture-resistant, leak-proof containers with screw-on-tops, such as hard plastic laundry detergent, bleach or fabric softener containers.✓ Store containers near the area where needles, syringes, sharps will be used.✓ Store containers in upright position and out of reach of children.✓ When container is full, screw top on tightly, label it "Needles, Sharps," place in double plastic bags and dispose of in the regular garbage.	<ul style="list-style-type: none">✗ DO NOT bend, break or re-cap contaminated needles or sharps.✗ DO NOT throw them into the household garbage. Someone might get stuck.✗ DO NOT use glass containers.✗ DO NOT add any liquids to the containers.

B. How to Dispose of Unused Medicines

This part of the welcome book has been provided by the U.S. Food and Drug Administration to aide in disposal of unused medicines.

Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds.

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?



Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based “take-back” programs offer another safe disposal alternative.

Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs.

Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- **Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.**
- **If no instructions are given, throw the drugs in the household trash, but first:**
 - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
 - Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.

FDA's Director of Pharmacy Affairs, Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.
- Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

Why the Precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., Senior Program Manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.



**PAY ATTENTION
TO THE LABEL**

About a dozen drugs, such as powerful narcotic pain relievers and other controlled substances, carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug. "Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

Environmental Concerns

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an Environmental Assessment Expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."

A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions.

"For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to flushing," says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment.

Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency reviewed its drug labels to identify products with disposal directions recommending flushing or disposal down the sink. This continuously revised listing can be found at FDA's Web page on Disposal By Flushing of Certain Unused Medicines (see link below For More Information).



**DISPOSE UNUSED
MEDICATIONS
PROPERLY.**

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility.

This article appears on FDA's Consumer Health Information Web page (www.fda.gov/consumer), which features the latest on all FDA-regulated products. Sign up for free e-mail subscriptions at www.fda.gov/consumer/consumernews.html

For More Information

Disposal By Flushing of Certain Unused Medicines

www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.html

SMARxT Disposal Campaign

www.smarxtdisposal.net

Albuterol Inhalers: Time to Transition

www.fda.gov/consumer/updates/albuterol053008.html

C. What to do in Case of a Fire

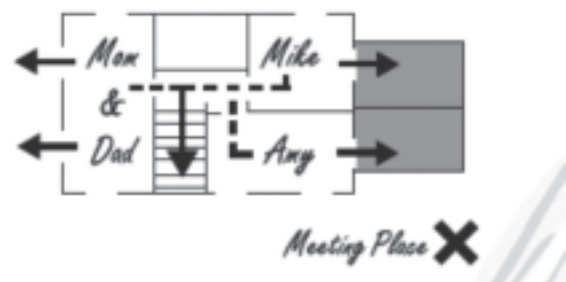
“E.D.I.T.H.” – Short for Exit Drills In The Home

Edith is a step-by-step plan to make sure that you will know exactly what to do in the event of a fire

1. Planning Your Escape

A. The Floor Plan.

- Draw an outline of your home or apartment. Make a drawing for each floor where people sleep. Dimensions don't need to be exact.
- Now add each bedroom and label it. Show important details: stairs, hallways, roofs that could be used as a fire escape.
- Choose a family meeting place and show it on the plan.



B. Inspection Time!

- Check each bedroom for the best window or door for an emergency escape.
- Test windows — make sure they open easily and are large enough and low enough. Ask yourself: can children open them?
- While you're at it, check your smoke detector. If you don't have one, get one.

C. Finish Your Escape Plan.

- Use blue or black arrows to show the normal way out, such as the stairs or hall.
- Use different colored arrows to show emergency exits in case fire blocks your normal route.

TIPS

- Be sure everyone has a second way out.
- Escape ladders may be necessary.
- Any security devices should open easily. In a fire you might not be able to find a key.
- If necessary, rearrange bedrooms to provide easier escape for children, elderly or disabled.
- Never use elevators if there's a fire.

2. The Family Meeting

Talk with your family or your Teamcare caregivers to make sure you are up to speed on these vital fire-safety habits and reactions:

- Always sleep with bedroom doors closed. This will keep heat and smoke out for a short time — the few extra minutes you may need to escape.
- If you live with other people, everyone will need to find a way to sound a fire alarm: Blowing a whistle, pounding on walls, yelling, etc.
- In a fire, seconds count. Don't waste time dressing or looking for valuables or pets. As much as they may mean to you, your life is more important.
- Roll out of bed. Stay low. Just one breath of smoke or hot gases can kill you.
- Feel the door. If the door or doorknob is hot, don't open it! Instead, use your second way out.
- Once outside, go to your pre-arranged meeting place. Check to see if everyone is safe. Once you're out, stay out!
- Call 911 or the appropriate emergency contact from a neighbor's house, cellular phone or other safe location. Again, once you are out, STAY OUT!



3. The Drill

- Begin with everyone in his or her bed.
- Sound the alarm. Press the smoke detector test button. Yell FIRE! or use some other signal.
- Everyone should roll out of bed, stay low and feel the door for heat. First time: use the normal exit. Brace your shoulder against the door and open it slowly, ready to shut it quickly if there is heat or smoke. Second time: pretend doors are hot. Everyone must use the second way out.
- Gather at meeting place and check that everyone is out.
- Appoint someone to simulate calling the fire department.
- Get together to talk about the drill. Make changes to the plan if necessary and rehearse them.
- Hold an escape drill every few months — at least twice a year. The more you practice, the better you will be able to act quickly and automatically in a fire emergency.

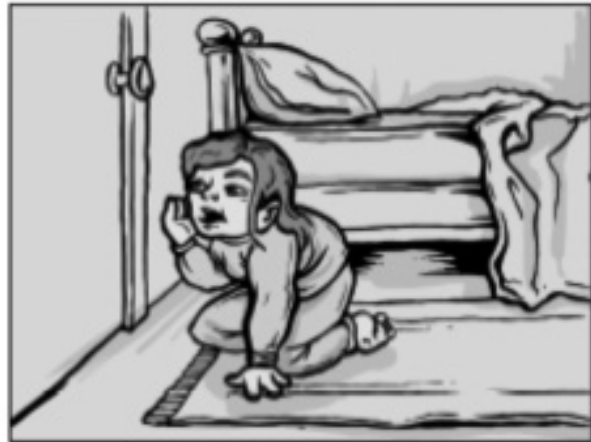


WHY E.D.I.T.H. ... REMEMBER THIS

- Most fatal home fires happen between midnight and 8 a.m. when most people are asleep.
- Toxic gases and heat, which can reach over 1000° F, rise and can travel far ahead of the actual flames.
- When your smoke detector sounds, you may have less than 2 1/2 minutes to get out.
- Without an escape plan you have practiced, you may not make it.
- If you don't have a smoke detector, you risk never waking up.



Roll out of bed. **DON'T SIT UP.**



Keeping low, call out to your family.



Test the door with the back of your hand for heat. If it is hot, **DO NOT OPEN.**



ALWAYS stay low below the smoke.



Should the fire have blocked your normal escape route, use your emergency exit.



Once outside, go to your family meeting place. Call for help from a safe place. Once you are out, **STAY OUT!**

NYS Department of State Office of Fire Prevention and Control • web: www.dos.state.ny.us/fire
 One Commerce Plaza • 99 Washington Avenue • Albany, NY 12231-0001 • phone: 518-474-6746



Your Healthcare Proxy

HEALTH CARE PROXY

Appointing Your Health Care Agent In New York State

The New York Health Care Proxy Law allows you to appoint someone you trust – for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. The Health Care Proxy form (a copy can be found on page 34) can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to



choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.

7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

Frequently Asked Questions

Why should I choose a health care agent?

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself. Appointing an agent lets you control your medical treatment by:

- Allowing your agent to make health care decisions on your behalf as you would want them decided;
- Choosing one person to make health care decisions because you think that person would make the best decisions;
- Choosing one person to avoid conflict or confusion among family participants and/or significant others.

You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

Who can be a health care agent?

Anyone **18 years of age or older** can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.



How do I appoint a health care agent?

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just **two adult witnesses**. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.



When would my health care agent begin to make health care decisions for me?

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.



What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

Why do I need to appoint a health care agent if I'm young and healthy?

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

How will my health care agent make decisions?

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.



How will my health care agent know my wishes?

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

Can my health care agent overrule my wishes or prior treatment instructions?

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

Who will pay attention to my agent?

All hospitals, nursing homes, doctors and other health care providers are **legally required** to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.



What if my health care agent is not available when decisions must be made?

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur.

Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.



Is a Health Care Proxy the same as a living will?

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

Where should I keep my Health Care Proxy form after it is signed?

Give a copy to your agent, your doctor, your attorney and any other family participants or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.



May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy. Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.



Can my health care agent make decisions for me about organ and/or tissue donation?

No. The power of a health care agent to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation.

Who can consent to a donation if I choose not to state my wishes at this time?

It is important to note your wishes about organ and/or tissue donation so that family participants who will be approached about donation are aware of your wishes. However, New York Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

Health Care Proxy Instructions



Item (1) Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2) If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.



Item (3) Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.



Item (4) If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments...

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:...

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/ don't want the following types of treatments:...

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization



Item (5) You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.



Item (6) You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.



Item (7) Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

Participant Name: _____ Participant ID: _____

HEALTH CARE PROXY

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

Participant Name:_____ **Participant ID:**_____

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name_____

Your Signature_____ Date _____

Your Address_____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

☐ Any needed organs and/or tissues _____

☐ The following organs and/or tissues _____

☐ Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature_____ Date _____

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date_____

Name of Witness 1
(print) _____

Name of Witness 2
(print) _____

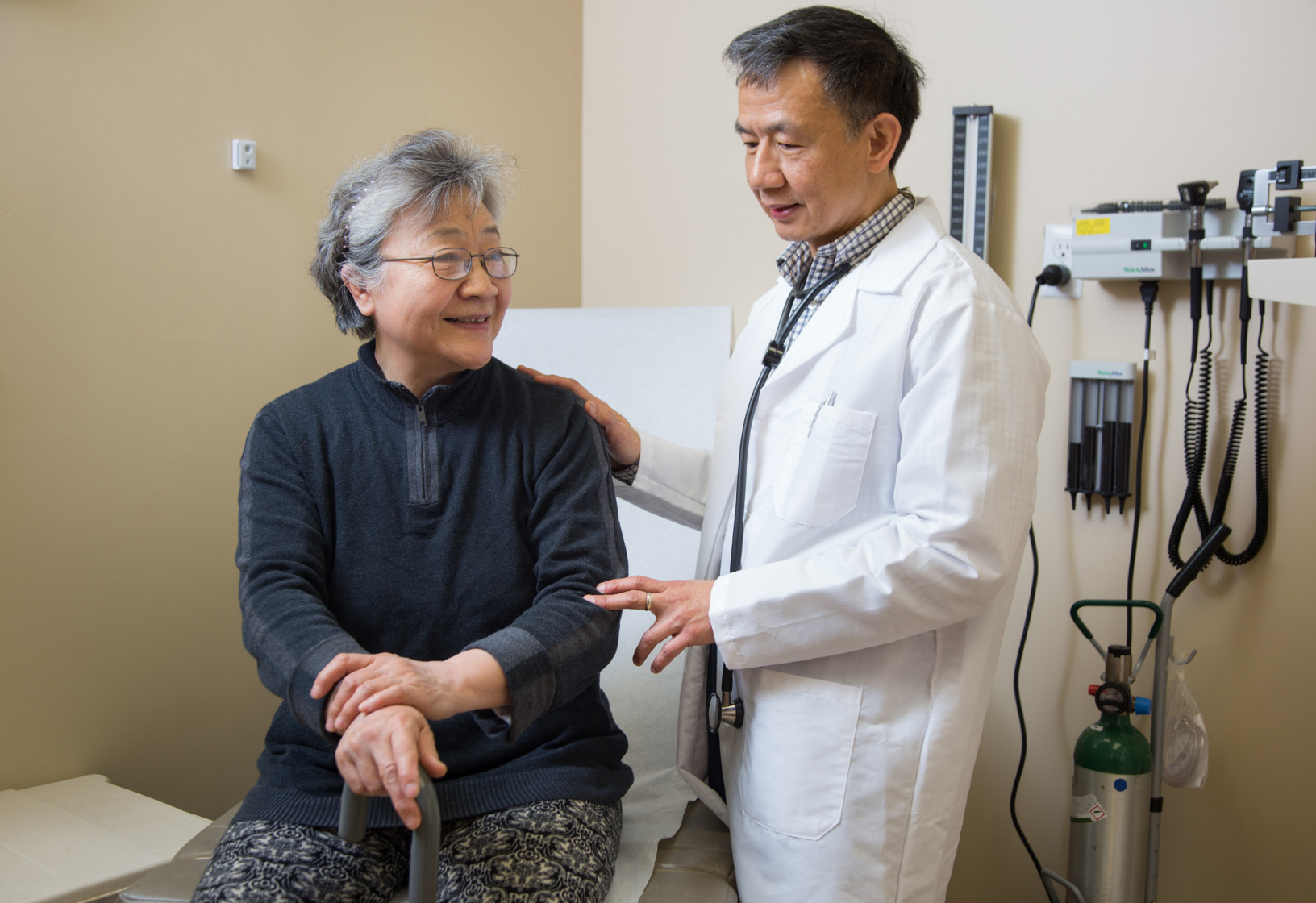
Signature _____

Signature _____

Address _____

Address _____





Helping Keep You Healthy

CURRENT MEDICATIONS LIST

Name: _____

Emergency Contact Name/Phone: _____

Date Last Updated: _____

Prescription Medications:

Name of Medications	Strength and Frequency	Condition Medication is Taken For	Physician who Prescribed the Medication	Notes

Allergies

Pharmacy / Prescription Drug Plan



A MEDICARE AND MEDICAID PACE PROGRAM

A Program of All-Inclusive Care for Adults 55+
by CenterLight Healthcare

Care as unique as you are.™

Teamcare™-PACE, a program of CenterLight Healthcare, is the nation's largest not-for-profit Program of All-Inclusive Care for the Elderly (PACE). We offer comprehensive healthcare and other services that enrich the lives of our participants and let them live safely at home and in their communities. Each day, our employees serve a richly diverse population of thousands of participants, speaking more than 75 languages and dialects throughout our 14 facilities.

For additional information, visit us at www.CenterLightTeamcare.org or call us at 1-833-CL-CARES (1-833-252-2737), 8AM – 8PM, Monday-Friday. TTY users should call 711.

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Revised November 2017