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**Guardianship
Proceedings in
New York State:
Findings and
Recommendations**



**Evaluating
the Capacity
to Drive**

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Evaluating the Capacity to Drive

by Erica F. Wood

In the classic 1985 science fiction fantasy movie *Cocoon*, a group of residents from a retirement home are rejuvenated as they swim in a fountain of youth pool charged with special life force by aliens. As they feel their youthful energy and clear vision returning, a memorable scene shows one of the retirees gleefully ripping off the cover on his neglected car, getting behind the wheel, and zooming off.

That is likely the wish of many older adults who have given up the keys. But, short of alien intervention, to drive they must have the requisite “capacity.” What is this elusive concept of “capacity to drive”? What are its components and how is it assessed?

The Commission on Law and Aging has been looking at issues of capacity for well over a decade, in partnership with the American Psychological Association. Together, the ABA Commission and the APA have produced three widely recognized handbooks on capacity assessment—one for lawyers, one for judges, and one for psychologists (see our website at www.americanbar.org/groups/law_aging/resources/capacity_assessment.html). Each sets out

steps for evaluating ability to engage in a range of decision-making actions and legal transactions.

But evaluating capacity to drive is of course different from evaluating capacity to make decisions or execute legal transactions. First, driving involves a mix of mental, physical, and sensory abilities. Second, driving has serious risk not only for oneself but also for others as well. And third, the determination of capacity to drive initially rests not with a judge but with the commissioner of the state department of motor vehicles—although judges may well be involved in decisions about drivers licenses, as described in the “View from the Bench” by Judge Lyle. While state laws vary, the Uniform Vehicle Code provides that a license may be denied if the state commissioner finds that a person “by reason of physical or mental disability would not be able to operate a motor vehicle with safety upon the highways” (National Committee on Uniform Traffic Laws and Ordinances).

The ABA-APA handbook for psychologists sets out a general capacity evaluation framework with nine steps. A chapter on assessing specific capacities seeks

to apply the steps to several particular abilities including driving—under the overall concept that “capacity” is not global but task specific.

Drawing from the handbook, as well as the informative articles in ... [the Fall/Winter 2016 issue of *Experience* magazine], the first element in the ABA-APA framework is the legal element. While driving is a privilege, in our mobile society it is often seen as a right—and it rests with the state department of motor vehicles to deny it in order to ensure the safety of the driver and others on the road. Typically, clinical judgments about capacity in any specific area are along a continuum, whereas legal judgments are more binary—you either have it or you don't, for the action at hand. Thus, a clinician may evaluate an older driver and report a range of cognitive, sensory, and physical results, and the state agency will use this evidence to make a final yes–no legal determination.

The second assessment element is the functional component, which really comes to the forefront in the driving context. Before making a functional assessment, it is important to look for supports and accommodations that might enhance ability. Never ask if the person “has capacity,” but rather ask “does the person have capacity *with support*.” In the driving context, this might mean a change of eyeglasses, a higher seat or pillow, a revolving seat, or pedal modifications. With such supports, a functional assessment will test for visual acuity; flexibility to look behind and check blind spots on the road; and strength for control of the steering wheel, brakes, accelerator, and clutch. An assessment also will test the driver's knowledge about driving rules and what to do in emergency or unexpected situations.

The diagnosis is the third assessment element. A range of medical conditions might affect the ability to drive—such as, for example, sensory problems, muscular or skeletal problems, possibility of strokes, or psychiatric disorders. Dementia can affect memory, spatial abilities, and judgment

needed to drive. However, it is important first to assess for any temporary or reversible conditions, or problems that could be safely addressed with medication or other strategies. Also, note that neither age nor medical condition alone is a sound basis for denying a driver's license, as explained in the “View from the Bench”—nor for evaluating ability to perform any other specific task at hand.

An assessment also will look at cognitive ability—that is, the way the brain receives, processes, stores and accesses information. As the ABA-APA handbook points out, this can involve numerous tests bearing on driving performance such as attention and processing speed, changes in the visual field, memory, decline in peripheral vision and decreased ability to perform more than one task at a time. Cognitive abilities can be affected by sleep disturbances, medications and substance abuse—including prescription drugs, alcohol and pain, sleep or anxiety medication—and it is critical to take these reversible conditions into account in assessing cognition.

Psychiatric or emotional factors also contribute to an evaluation of driving ability. For instance, delusions and hallucinations can distort driving behavior. Depression can cause fatigue and lead to poor driving decisions. For these reasons, a mental health assessment can be an essential component in examining the ability to drive.

Any good capacity assessment also must take into account the person's values. Certainly society and most older drivers place a high priority on driving for independence, self-esteem and access to needed medical, social and recreational services. Some studies have shown that adults who stop driving may experience depression and lack of participation in meaningful activities. As described by the Rosenblatt article in this issue, as well as the one by Madeira & Rosenblatt, involving the older adult in planning for good transportation options through public transit—if it exists in the community—or through private arrangements, can

make a big difference. For example, in a growing number of communities, the “village” movement may be a good resource. Grassroots neighborhood villages help people age in their own homes by providing supports, services, and a community network, and may offer volunteer transportation services.

The next step in the ABA-APA capacity assessment is an evaluation of risks. Clearly there are risks on both sides of stopping driving. Statistics show that the risk for driving injury and fatality increases with age, and stories of older drivers injuring not only themselves but innocent bystanders are not uncommon. On the other hand, loss of the driving privilege can lead to isolation, depression, and decreased ability to get to doctors and meet health needs. The benefits and risks need to be thoroughly examined from both sides.

As stated earlier, examining steps to enhance driving capacity is an integral part of the driving assessment. These might include modifications to the car, review of treatable or reversible conditions, and taking driver’s education courses such as the AARP Driver Safety Program.

The final step in the ABA-APA assessment model is the clinical judgment required to integrate all of the evidence from the previous steps on supports, conditions, risks, abilities and limitations. The clinician may recommend that the person needs to stop driving, that the person can safely operate a vehicle on the road, that more testing is needed, or perhaps that the person needs accommodations or should prepare for a transition to reduce or stop driving within the near future. The ABA-APA guide applies the assessment model to selected case examples concerning driving, such as this one:

Mr. B was a 68-year old man diagnosed with traumatic brain injury with improving cognitive status, high blood pressure, and dislocation of the left shoulder. He had a number of neuro-behavioral tests in which

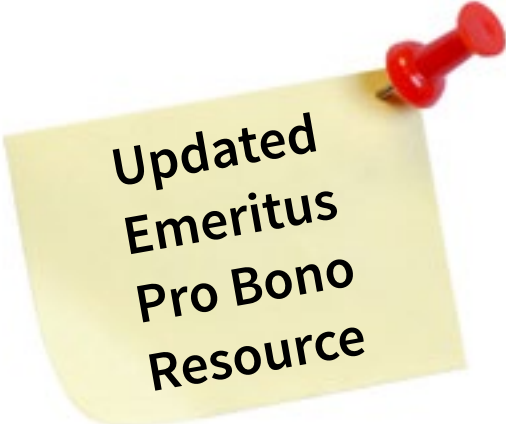
he rated average for most aspects, with borderline anxiety and depression.

His driving evaluation was conducted by an occupational therapist, who found he had good control of the car, good safety habits, and good ability to solve problems in driving scenarios, as well as adequate visual processing. The evaluator tested his peripheral vision and visual perception. In assessing his physical ability, the evaluator noted a limited range of motion in the left shoulder, and urged a program of physical therapy. The evaluator recommended a referral to the department of motor vehicles for a formal road test, and shortly thereafter, the driver successfully passed the test.

In the coming years, capacity to drive may become somewhat passé with the advent of driverless cars, but until then, there will be a need for a sound conceptual framework to evaluate a driver’s ability to safely operate a car on the road.

Erica F. Wood is assistant director of the ABA Commission on Law and Aging. She has worked with the Commission since 1980 on issues concerning adult guardianship, legal services delivery, dispute resolution, health and long-term care, and access to courts.

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Updated Emeritus Pro Bono Resource

The original vision of emeritus attorney rules was to encourage retired attorneys to do pro bono work by reducing or eliminating the annual license fee and other burdens. Over the years, the rules have grown to encourage pro bono work by inactive attorneys and attorneys licensed in other states. The unifying feature of the rules is a lessening of the licensing burden for attorneys who agree to limit practice to pro bono only. Some jurisdictions have had these rules for over 30 years. Currently, 39 jurisdictions have some form of an emeritus attorney pro bono practice rule, and at least one state has rules under consideration.

The Commission on Law and Aging first looked at the rules in 1979, and started tracking the rules in 2006 when there were just 26 jurisdictions with rules. In 2009-2010, the Commission oversaw two ABA Enterprise Fund projects to encourage use of the rules to recruit volunteer attorneys in adult guardianship cases and to represent Veterans—with a focus on VA benefits eligibility. The guardianship projects reported recruiting 83 emeritus status pro bono attorneys, placing 37 cases, and closing 12 of those cases within the reporting period. The VA project reported recruiting 92 emeritus status volunteers, and reported placing 222 cases—in addition, over 2,200 attorneys participated in training funded under the project.

Beyond the data from the very limited guardianship and VA projects, there had been a lack of meaningful data on participation and success of the rules. In 2014, the Commission distributed a survey asking states with emeritus pro bono practice rules to report the number of attorneys participating under the rules and the number of hours reported. The survey yielded modest but promising results.

In 2015, the ABA Standing Committee on Pro Bono and Public Service funded a project to improve upon the 2015 survey by asking for more in-depth data, case placement, and case closing data. Now, a 2016 update to the practice rules chart is available for download from the Commission website.

Visit the Commission's Emeritus Pro Bono Resources webpage to download the updated chart, the 2015 data, and other data on pro bono practice rules: <http://bit.ly/1SKNwVN>. ■

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To get connected to **Elderbar** send your contact information and professional affiliation to david.godfrey@americanbar.org. ■



Guardianship Proceedings in New York State: Findings and Recommendations

by Jean Callahan,
Raquel Malina Romanick, and
Angela Ghesquiere

- *Mrs. S, an 84-year-old widow, lives alone in an apartment. Her neighbors know her as a friendly and cordial woman. Mrs. S met a young man named Bill in the neighborhood and soon afterward, decided to hire Bill to help her around the house. Within a few weeks Mrs. S. began complaining to friends that she was having trouble paying her bills. Bill refused to answer any questions and was aggressive toward neighbors who tried to visit Ms. S. Eventually, Adult Protective Services discovered that Bill was taking virtually all of her monthly income.*
- *A 9-year-old child is the beneficiary of a large trust due to a medical malpractice settlement, yet he is prevented from attending therapy sessions because he lives in a building where the elevators are frequently broken and his mother is not able to carry him and his wheelchair up and down the stairs. His guardian is unresponsive to the mother's requests for funds to move to more appropriate housing and after several years as guardian has yet to disburse any funds.*

Overview

- How many people in the United States are living under a guardianship order?
- How long does the process take?
- To what extent are local guardianship processes in compliance with state statutes?
- How well does the current guardianship process protect the people it was designed to serve?
- What are the barriers or roadblocks that court systems, families, and others involved in the system face?

The answers to all of these questions are unclear. States across the nation struggle with tracking guardianship caseloads; identifying the number of active cases, and the status of a case, is often beyond their reach. Record keeping is often inconsistent or antiquated, and most states lack centralized data tracking systems. Better understanding of how guardianship proceedings are carried out in practice is imperative in order to improve current practices and public policy.

To begin to fill this knowledge gap, in 2011, the Brookdale Center for Healthy Aging at Hunter College began an in-depth file review in 14 counties across New York State. A nationally recognized multidisciplinary geriatric research center with a longstanding interest in and expertise in guardianship, the Brookdale Center was well-positioned to explore this issue.



Key findings from the New York File Review:

- Almost 60% of persons under guardianship were older adults, the majority with low incomes and low assets.
- Counties are more likely to petition when there are not-for-profit guardianship agencies able to serve as guardian.
- The guardianship process is lengthy; on average it took 211 days from petition to the point where a guardian was commissioned.
- Monitoring of guardians is very limited, primarily due to poor compliance with reporting requirements and a lack of timely review of submitted reports.

The New York State Guardianship Statute

Most states have some system or statute in place designed to protect the personal and/or property management needs of “incapacitated persons.” In New York State, the Article 81 statute of the NYS Mental Hygiene Law¹ addresses this issue.

¹ Article 81 of the Mental Hygiene Law, Appointment of a Guardian for Personal Needs and/or Property Management, became law in New York State in 1992 and went into effect April 1, 1993. Article 81 authorizes a proceeding based on the concept of the least restrictive alternative—one that authorizes the appointment of a guardian whose authority is appropriate to satisfy the needs of an incapacitated person (IP), either personal or financial, while at the same time tailored and limited to only those activities for which a person needs assistance. The standard for appointment under this procedure focuses on the decisional capacity and functional limitations of the person for whom the appointment is sought rather than on some underlying mental or physical condition of the person. Article 81 requires the court to consider alternatives to the appointment of a guardian and advocates for the protection of the rights of the allegedly incapacitated person (AIP). The intent is to have the flexibility to create a personalized approach that can meet the personal and property needs of the individual while affording them the maximum amount of independence and self-determination. Guardians and the court are required to take into account the personal wishes, beliefs, and preferences of the individual and to protect the civil rights and autonomy of the incapacitated person to the greatest extent possible.

The stated purpose of Article 81 is to “satisfy either personal or property management needs of an incapacitated person in a manner tailored to the individual needs of that person, which takes in account the personal wishes, preferences and desires of the person, and which affords the person the greatest amount of independence and self-determination and participation in all the decisions affecting such person’s life.”²

Our Project

To plan the guardianship file review, we assembled an advisory group of guardianship experts (lawyers, policy makers, academics, and researchers) from around the country. We held a series of key informant interviews and conversations with these experts to determine our data collection priorities.

We then obtained data through a manual review of guardianship case files commenced in state court between January 1, 2002, and December 31, 2012. We reviewed cases from 14 counties in New York, representing urban, suburban, and rural communities. In most counties, we reviewed a random selection of 20% of the guardianship case files for each year. In rural counties, where there were significantly fewer cases filed each year, we reviewed 100% of case files if there were 4 or fewer in that calendar year and 30% of cases if there were 5 or more per year. We reviewed a total of 2,414 cases.

Number of Cases Reviewed (Total: 2,414)

• Kings County:	660
• New York County:	688
• Nassau County:	440
• Suffolk County:	350
• Sixth Judicial District (10 Counties):	276

² § 81.01 New York State Mental Hygiene Law.

States across the nation struggle with tracking guardianship caseloads ...

Better understanding of how guardianship proceedings are carried out in practice is imperative in order to improve current practices and public policy.

The New York State Office of Court Administration (OCA) and court personnel in each county assisted us in accessing the files. Files were randomly selected from a complete list of index numbers. Reviewers included attorneys and law students that worked under the supervision of a Brookdale Center staff attorney. All findings are presented in the aggregate unless otherwise stated.

Persons Under Guardianship

Discerning basic demographic data was difficult in many cases as it was either not recorded in the file or too inconsistent to be reliable (i.e., reports where pronouns or birthdates varied considerably while describing the same case). For example, information regarding race/ethnicity of the person (also known as the Alleged Incapacitated Person (AIP)) could only be determined in 40% of cases. We were able to identify a few socio-demographic trends in the AIPs, however:

- Most (68%) were female.
- Over half (59%) were 65 years of age or older.
- 55% of AIPs had annual incomes of less than \$20,000.
- While median property values varied across counties reviewed, other assets remained fairly consistent across all 14 counties regardless of whether the counties were urban, suburban or rural. For those with data available, median real property value was \$350,000 and median asset value was \$54,284.
- At the time of the petition 31% of AIPs were residing in skilled nursing homes, 22% were living alone in the community, 21% were living with others in the community, and 11% were in a hospital.

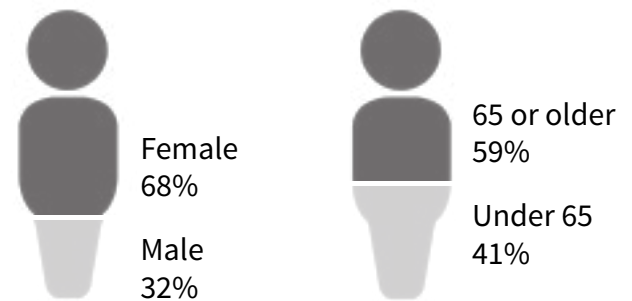
Petitioners and Guardians

Under Article 81, a wide range of individuals may have standing to petition the court for guardianship. The petitioner may be the AIP, anyone residing with the AIP, any individual concerned with the welfare of the AIP, or the facility where the AIP resides.³

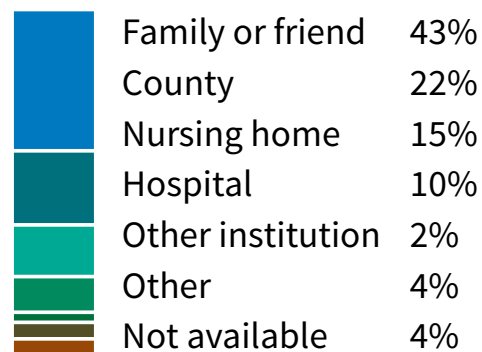
We identified several categories of petitioners. Statewide, a family member or friend petitioned in 43% of cases and the county petitioned in 22% of cases (“county” generally refers to a petition by the local Department of Social Services or Adult Protective Services). Nursing homes and hospitals accounted for another 25% of petitions. With the exception of these institutions, the type of

³ § 81.06. Who may commence a proceeding.

Demographics of Alleged Incapacitated Persons (AIP)

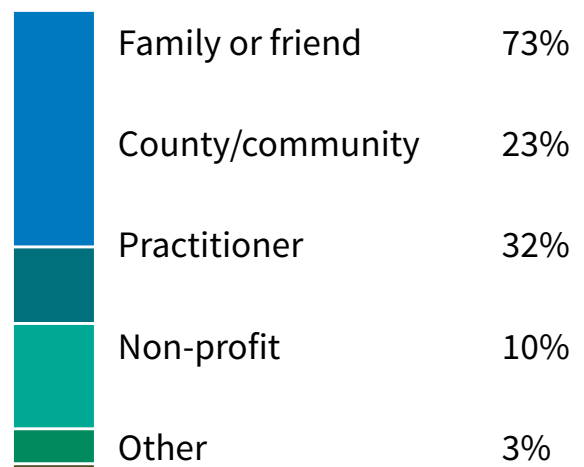


Petitioner Breakdown



Guardian Appointments

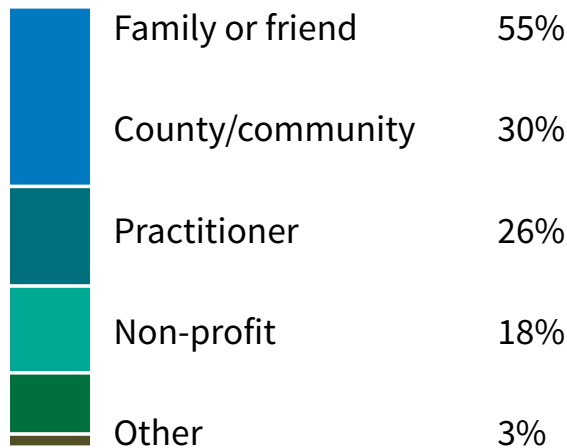
21% of cases reviewed had co-guardians appointed, so percentages add up to over 100%.



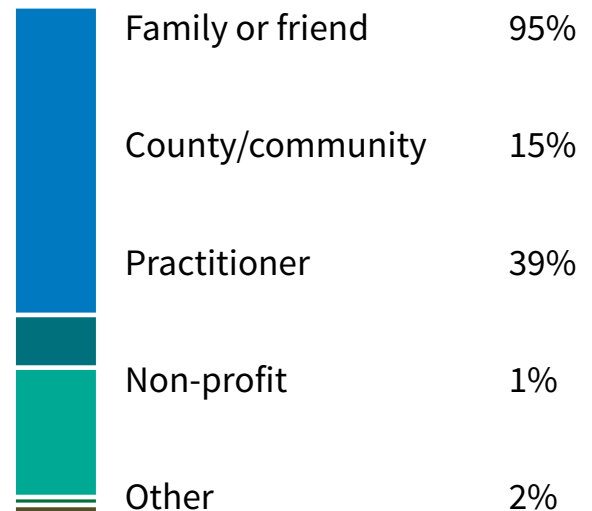
Guardian Type Appointed

Co-guardian appointments mean percentages add up to over 100%.

New York City



Other Counties



petitioner was consistent with the type of guardian ultimately appointed. For example, where a family or friend petitioned, a family member or friend was appointed as guardian in 86% of cases. In the figures included in this article, it should be noted that because 21% of cases reviewed had co-guardians appointed, the percentages for guardian types add up to over 100%.

We also found great variation in petitioners across counties, particularly in the categories of family/friend and county. For example, in one suburban county, family/friends petitioned for guardianship in 61% of cases, while in one New York City (NYC) county, family/friend petitions accounted for only 24% of cases. Similarly, outside of NYC, the county petitioned in 9% of cases, while within the NYC counties we examined, the City was the petitioner in 31% of cases.

Of all 2,414 cases reviewed, a guardian was only appointed in 1,636 cases (68% of the time).

In the NYC counties we reviewed, non-profit guardianship providers were appointed guardian in a higher percentage of cases than in other counties examined. We believe that this variation is due to the availability of established guardianship programs. For example, in NYC, the City has

contracts with non-profit providers that serve as guardian where Adult Protective Services (APS) petitions for guardianship. In these cases, APS can petition knowing that these agencies will serve as guardian. In counties where APS does not have agencies ready and available to serve, they appear much less likely to petition. In addition, New York City has an established network of other not-for-profit guardianship services that are available to serve where there are no other alternatives. In counties that do not have the same availability of non-profit and county-provided services, there are far fewer petitions brought by the county.

Reasons for Guardianship

We also attempted to categorize the reasons for the appointment of a guardian by reviewing the powers granted in the order and judgment. For each AIP, several reasons could be given for guardianship appointment. The most common reasons for appointing guardianship were property management (85% of cases) and health care decision-making (75%). Property management includes a range of activities, such as Medicaid planning, selling of real property, and paying bills. Dementia was the reason given for guardianship in 41% of cases, and mental illness the reason in 20% of cases.

Length of Process

The Article 81 statute was designed to be an expedited proceeding. According to the language of the statute, it should take about 50 days to complete a full guardianship proceeding.⁴ Statewide, we found that these proceedings take far longer to complete than intended by the statute. The average length of time from the commencement of the case until the appointment of a guardian was 211 days. The graphic below compares the length of time for each point in the process to the statutory framework.

There are a several potential reasons that the guardianship process takes longer than the statute:

- Many parties need to be identified and notified about the hearing, which can be time consuming.
- When the AIP can meaningfully participate in the proceeding but cannot come to the courthouse because of physical impairment or other reasons, the statute requires that the proceeding be brought to the AIP, but

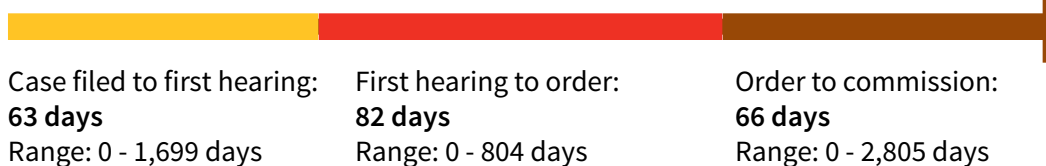
this also requires considerable planning and coordination by the court.

- When a court evaluator is appointed it may take longer than expected for the court evaluator to properly conduct his/her investigation especially if relevant parties refuse to participate in the evaluation or are not available.
- If the court evaluator determines that AIP wishes his/her own counsel, then counsel needs to be appointed prior to the hearing.
- Once counsel is appointed, multiple hearing dates may be required in order for both sides to adequately present their cases.
- In some counties, the practice is for one of the parties, usually the petitioner, to draft the proposed order, which may result in delays.
- A transcript may need to be obtained and the proposed order “conformed” to the transcript of the judge’s decision. All parties then have 14 days to review and challenge the order if it does not conform to the transcript or if they think something has not been properly identified in the order. These steps can lengthen the process considerably.
- In many cases the judge requires the party proposed as guardian to obtain a bond. A family member or friend who fails to meet the criteria for bonding must then return to court to seek alternatives.

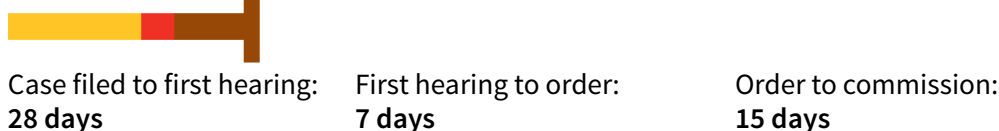
⁴ § 81.07(b)(1) requires that the court shall “set the date on which the order to show cause is heard no more than twenty-eight days from the date of the signing of the order to show cause. The date of the hearing may be adjourned only for good cause shown;” § 81.13 requires a “decision to be rendered within seven days after the hearing, unless for good cause show...” That same provision requires the commission to be issued to the guardian “within fifteen days after the decision is rendered.”

Length of Process

File Review Findings (Average 211 Days)



Statute (50 Days)



- The judge may appoint a guardian who has not yet been made aware of the case. Once contacted, if they are not available or willing to serve as guardian the case goes back to the judge who must appoint a different guardian.
- Family or friend guardians may not realize that they need a commission, or know that the commission is an additional document which they have to go to the county clerk to obtain.
- While there are counties that have services available to assist family and friend guardians to navigate the process, these resources are limited.

Monitoring

Article 81 requires both an initial report (also known as the 90-day report), and annual reports. Both reports are intended to tell the court what steps the guardian or guardians have taken to fulfill their responsibilities. For purposes of our data collection we did not distinguish between annual reports or initial reports, but examined the date of the earliest report filed. On average, the time between the filing of the Guardianship Commission and the first report was 237 days, even though the statute requires that an initial report be filed 90 days after the Commission.

Under New York State law, all reports are first examined by a court-appointed examiner before being sent to the judge to be settled. We compared the date of the earliest report filed with the date of the earliest report reviewed. We found that

it takes, on average, 210 days before a report is examined, even though § 81.32 of the statute require both initial and annual reports to be examined within 30 days. Some counties only require the review of reports every other year in low asset cases, although the statute does not permit anything less than annual reports.

Outcomes of Guardianship

We found that those under guardianship do receive many services. For those who had a guardian appointed, 43% had financial management put into place, 42% had other services (i.e., home care, meals on wheels) put into place, and 17% began obtaining public benefits (i.e., Medicaid, Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP)).

Recommendations

Our file review suggests several policy implications for improving the guardianship system:

- Support the development of publicly funded guardianship programs that can provide comprehensive case management to eligible clients in need of services.
- Develop a standardized file tracking systems courts can use to keep track of cases and to support compliance measures.
- Explore new funding streams for and expand existing opportunities for payment of guardians in no or low income/asset cases.



Judges, attorneys, and court officials in each of the counties we studied ... have been eager to use the data to examine and understand their own practices and to look toward improving the practice. ...

We also found universal agreement that there are too few options for quality guardianship services for lower income people.

- Support enhanced trainings, materials and support services for family/friend guardians.
- Engage judges, policy makers, guardians, and service providers in exploring best practices to minimize unnecessary delays throughout the process.

Next Steps

We plan to conduct further, more detailed analyses of the guardianship file review. Topics we are particularly interested in exploring include:

- The guardianship process for younger adults with mental illness, substance use, and developmental disabilities.
- Better understanding the reasons for cross-county variability in guardianship cases.
- Comparing professional and family/friend guardians on various factors (e.g., number of reports filed, age of the AIP, AIP assets, and number of times there is a turnover in guardianship and how many are kept as guardians when there is a suspicion of abuse).
- Comparing the guardianship process between limited and temporary guardians vs. full guardians on various factors (e.g., who the guardian was and the age of the AIP).
- Exploring associations/patterns between reasons for guardianship and guardianship outcomes.
- Exploring associations between income/assets and guardianship outcomes.

Conclusion

We have shared our findings with judges, attorneys, and court officials in each of the counties we studied. In each instance they have been eager to use the data to examine and understand their own practices and to look toward improving the practice. While the delays in cases can seem insurmountable, we believe further analysis is warranted to see where the system might improve. We also found universal agreement that there are too few options for quality guardianship services for lower income people. While we cannot show a causal relationship, we do know that counties and cities that have non-profit providers of guardianship services, who will serve regardless of the assets or income, are more likely to petition for a guardianship. We are not

advocating for more guardianship petitions, as guardianship is an extreme measure that does not always meet the needs of the alleged incapacitated person. However, it seems clear that some type of service is needed to support vulnerable adults who can no longer make decisions in various aspects of life, and that their needs are not always fully met.

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Free Five-Part Webinar Series on Abuse in Later Life

The National Clearinghouse on Abuse in Later Life (NCALL) and the American Bar Association Commission on Domestic & Sexual Violence have created a free five-part webinar series on Abuse in Later Life for civil attorneys, legal advocates and others who wish to gain a deeper understanding of Abuse in Later Life (ALL).

The series will run through the month of June. The primary focus of these webinars will be addressing the needs of older victims of domestic violence and sexual assault. This series is sponsored by the U.S. Department of Justice Office on Violence Against Women (OVW).

Webinar Topics

- **Abuse in Later Life: An Overview**
- **Forming the Relationship with Your Client:** Client communication, interview skills, and confidentiality/mandatory reporting concerns
- **Client Goal-Setting and Non-Litigation Responses:** Client collaboration, developing client priorities and non-litigation responses to ALL
- **Civil Resolutions and Remedies in ALL cases:** Protective orders, Guardianships, Power of Attorney agreements, end of life health care decision-making and working with the criminal justice system
- **Bringing the Case:** Protection of evidence and assets, motion practice, witness testimony methods and supports, direct and cross-examination and application of the Crawford decision in ALL cases

Who Should Enroll

The webinar series is tailored to the needs of civil attorneys and legal advocates (and the ABA has applied for CLE credit). Registration, however, is open to all participants who wish to further develop their professional understanding of ALL.

Registration is open through May 27, 2016.

Visit: <https://ta2ta.org/allwebinarseries2016>. ■

Managing Someone Else's Money

Lay-Fiduciary Guides for Virginia, Florida, and Oregon Now Available!

In 2012 the Consumer Financial Protection Bureau (CFPB) contracted with the Commission to develop a package of easy-to-understand booklets to help financial caregivers. The CFPB released the four guides for “lay fiduciaries” entitled *Managing Someone Else's Money* in late 2013.

Now, state-specific versions of these resources are available for Virginia, Florida, and Oregon. Still to come are guides for Arizona, Georgia, and Illinois. These states were selected because they have a high number or percentage of older residents, and also because they are located in different parts of the US. The state guides will address requirements imposed by each state's laws as well as resources available to people in these states.

The guides cover four types of fiduciaries: agents under power of attorney, guardians of property (sometimes known as conservators), trustees under revocable living trusts, and government benefits fiduciaries (Social Security representative payees and VA fiduciaries).

The primary audience for the guides is family members and friends with legal authority to handle an incapacitated person's funds. Millions of people have legal authority to manage money for a family member or a friend, and the number may grow with the aging of the population and the rising number of individuals with disabilities. But the booklets have practical tips for managing someone else's money that could be useful to informal caregivers as well.

The CFPB has also published replication instructions so that interested professionals and organizations in the remaining states can create their own *Managing Someone Else's Money* guides.

Learn more at: <http://www.consumerfinance.gov/managing-someone-elses-money/>. ■



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An essential resource for practitioners, this elder law program includes numerous forms and pertinent information to assist new and transitional attorneys. In addition, tips on practice management will help seasoned attorneys.

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- Supported Decision Making for Persons with Changes in Memory and Cognition
- Knowing the Right Questions to Ask is Half the Ethics Answer (one of three ethics programs)
- Recent Developments in Understanding and Combating Senior Financial Exploitation
- Information Please! Coordinating Meaningful Federal and Statewide Legal Services Reporting
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