

Guardian of the Person - Video 12

Guardian of the Person Part 2

(Introductory music and images)

Speaker appears in comfortable, neutral setting. At times words and pictures will appear next to them or in place of them to support the dialogue.

Speaker: This is the second of four videos about being a guardian of the person. In the first video, we discussed what decisions about the incapacitated person's safety and well-being a guardian of the person is responsible for.

In this video, we will discuss important aspects of decision-making as a guardian, the incapacitated person's residence, and the development of care plans.

As you make decisions on behalf of the incapacitated person, it is important to allow them to make their own decisions and develop or maintain independence to the extent possible. You must always act in the best interests of the incapacitated person.

Decisions should be based on their needs, wants, and beliefs even if doing so conflicts with your own beliefs, is not what you would have personally chosen, or is less convenient for you.

The incapacitated person should share their preferences and participate in the decision-making process about where they will live to the extent possible. When making a decision about where the incapacitated person will live, it is your duty to find the least restrictive environment that will meet their needs.

Anne and Bob are in Anne's living room.

Bob: I am glad we were able to talk to mom at dinner tonight. She seems to be struggling with her daily routine a bit more these days.

Anne: Yes, it's so important that we involve her in discussions and so that she can keep making her own choices whenever possible.

Bob: I agree. We know how important mom's freedom and independence is to her, so working together to accomplish her goals and find supports that allow her to stay in her home rather than move into a nursing home is the best choice for her.

Anne: I am happy she decided to have a cleaning service come once a week, so she doesn't have to worry so much about the house. She and I agreed that I will come by once a week and bring her groceries and prepared meals and help her refill her pill organizer.

Bob: I'm going to look into options that will make it easier to ensure mom's bills are paid on time. I can talk to her about that next time I stop to see her.

Anne: There may come a time when she requires more support and can't live on her own, but in the meantime, it's great to be able to support her desire for independence.

Bob: Absolutely.

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Speaker: As Anne and Bob discussed, if it is possible for an incapacitated person to continue living independently with assistance from services like house cleaning, meal preparation, and personal care support in their home, a move to a nursing home may be unnecessary and too restrictive.

Factors to consider beyond the incapacitated person's desires when making a decision about their residence include their assets and income. You will need to work with the guardian of estate to assess their basic needs and safety and the availability of care and services required including transportation for appointments and errands. The incapacitated person's current and desired level of socialization and access to friends, family, and community, and what is needed to maintain their current residence, should also be considered.

If you do not live with the incapacitated person, visiting them frequently will be important. You will get to know what their health, mood, and behavior is usually like. This will help you identify any changes that may be cause for concern or a sign of possible neglect or abuse. Spending time with the incapacitated person will also allow you to better understand their needs and desires so you can make the best decisions possible on their behalf.

You should also support other friends and family members visiting with the incapacitated person. Even if you don't get along with another family member, remember that the incapacitated person still has a right to see them. Visits should only be restricted if a person who has visited has been abusive or caused the incapacitated person to be unsafe or extremely agitated. If you restrict someone's visits, you should bring this to the attention of the Court.

You also need to be familiar with the requirements that apply to their living situation. Skilled nursing and nursing facilities are required to establish a Baseline Care Plan within 48 hours of a new resident's arrival. A Comprehensive Care Plan must be created within 21 days of arrival. Comprehensive Care Plans must be reviewed and revised after every comprehensive assessment and quarterly review assessment.

The Comprehensive Care Plan is created after a full evaluation of the resident. Facilities are required to involve the resident and/or their representative in the creation and revision of these plans. It is important that you understand and convey the wishes and needs of the incapacitated person and involve them in the creation of the plan to the extent possible.

The Comprehensive Care Plan must be individualized and align with the resident's goals and desired outcomes, allowing for the highest degree of autonomy and independence possible. It also must meet all needs identified in the comprehensive assessment, including medical, nursing, mental health, and psychosocial needs. It should contain measurable goals that include timeframes and services necessary to reach those goals.

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A discharge plan and referrals should be included if appropriate. It should also document any refusals of care on the part of the resident or their representative and the discussion of consequences of, and alternatives to, the refused care. Finally, it should include culturally competent trauma-informed care and services.

Care plan meetings are held quarterly for nursing home residents. You, as the guardian, are to be notified of upcoming meetings and can attend in person, via the phone, or through a virtual meeting. Be proactive and initiate the scheduling of a meeting to make sure it is not overlooked. Care plan changes may be needed if there is a change in the incapacitated person's health status.

Prepare for the meeting ahead of time by making a list of questions and requesting to have a copy of the care plan and medication list before the meeting. It is okay to ask the doctors and staff at the meeting to provide an update about the person's well-being before asking your questions.

You will need to advocate for the incapacitated person's needs and desires in residential care settings, so it is important to ask who within the facility is your point of contact, as well as who you should contact if the first person is unavailable, or you have further concerns.

Between visits with the incapacitated person, consider calling the staff for an update or contacting the incapacitated person directly to see how they are doing. Your presence and consistent communication will allow you to be the best possible advocate and support for the incapacitated person. Be sure to document all conversations and visits including the date, time, and purpose of the visit or call, as well as who you spoke with and what you spoke about.

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