

# “All in Together Now-2022 Perspective on Guardians as Advocates”

## Continuum of Care Project

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Objectives: This is what we will go over today:

## Big Picture- Main categories of Decision Makers

- Capacity - determinant for decision making
- Focus on Guardians as a healthcare decision maker in the I/DD system
- Types of Guardianship - Understanding the role
- Decision Consultation Form & Process - Brainstorm solutions
- Recent Mandates for Guardians- what you should know - assuring guardians are ardent & dedicated
- Guardians, Advocacy and Governing Resources



# Right to choose

- The laws were made to protect citizens
- Provisions for adults to make their own decisions
- Adults or emancipated adolescents must have capacity in order to exercise their right to choose

# Capacity

- As addressed in the NM Uniform Health-Care Decisions Act, capacity refers to “an individual’s ability to understand and appreciate the nature and consequences of proposed health care, including the significant benefits, risks and alternatives to proposed health-care and to make and communicate an informed health-care decision.”

# Capacity

- ▶ A Doctor's order is a recommendation. Because an individual refuses treatment/recommendation is not a determinant or indicator that the individual lacks capacity
- ▶ Nor can a lack of capacity be based solely on patient's disagreement with the doctor
- ▶ Determination of a lack of capacity, according to the UHDA, requires that 2 healthcare professionals make an assessment- one of which should be the PCP
- ▶ If there is a mental health or developmental disability, one of the health care professionals must have expertise in assessing functional impairment

# Who has the right to make Healthcare Decisions

- ▶ With Capacity... you can make decisions for yourself or you can make decisions for another via proper paperwork and procedure (sometimes Notary)
- ▶ This is what is referred to as the Authorized Healthcare Decision Maker
- ▶ Within the I/DD System – The Main Four:
  1. Non- Adjudicated Adult
  2. Surrogate
  3. Power of Attorney
  4. Guardians

# Who has the right to make Healthcare Decisions



- ❑ Self advocate with capacity (non-adjudicated adult)  
Remember that a non-adjudicated adult makes his/her own decisions starting at 18 years old

If there is a question about the person's capacity, discuss with IDT and look into assessments

- ❑ 2 professionals credentialed to make this type of an evaluation and who is familiar with I/DD population; one of whom should be the primary care provider (PCP)
- ❑ Seek assistance through regional office, APS, DHI, etc.

# Paperwork...

- **Advance health-care directive-** is an individual's instructions as to the kind of medical treatment s/he would or would not want in the event that s/he becomes incapacitated or unconscious or so ill that s/he is unable to express health choices or wishes
- **A person has to have capacity in order to have an Advance Directive**
- **No one can put in an Advance Directive for you- this is your decision about You and your wishes**
- **\* \* Guardians/Surrogates cannot devise an Advance Directive for another they make "Healthcare decisions"**



# Don't Get Confused

## “Advance Directive”

(the form with this name on the top)

Through this form, you can name an Agent or Attorney -in-fact (POA). The Agent will make healthcare decisions for you. However, this form does not need to be notarized.

[It makes sense - as this form is a requirement at hospitals and surgery cannot be held up because we are waiting around for a notary.]

Copy is as good as the original in New Mexico

# Who has the right to make Healthcare Decisions

Don't be confused- includes paperwork

## “Power of Attorney”

(the form with this name on the top)

Through this form, you, the Principal, can name a person (Agent or Attorney-in-fact, healthcare proxy) to take care of your affairs which covers two categories:

- Healthcare
- and/or
- Finance or business

# Paperwork...POA

The person initiating this document (Principal) has to have capacity at the time that these papers are signed

The majority of POAs are activated when a person loses capacity (e.g. coma, surgery, recovery, out of the country, variable (early) dementia (durable), etc); *but when indicated,* may start immediately.

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# More Paperwork...

## Don't be confused

Best option is to have a “durable” POA or one that states “...this document will not be affected by my incapacity...” so, if you should lose your wits about you, the document is still in effect, otherwise it would be null and void.

However, for Finance- this form must be notarized \* in order for it to be a legal document. For Healthcare- witness & notary is recommended, **but not required.**

\*This includes POAs that are used to cover both health and finance

# Paperwork - POA

The Principal should not complete this form under duress, threat, seduction or coercion

Principal is in the driver's seat - This information is not emphasized enough!

POA is good indefinitely until the Principal changes it or until his/her passing (unless finishing up a task/process)

POA can be revoked at anytime *by the* Principal

Updates should be given to those who need to know w/new Agent named, date, etc.



# Safeguards

- When a person lacks capacity (or capacity is of question), s/he is vulnerable and can be the target of abuse, neglect or exploitation
- Surrogates or guardians are put in place to be responsible for assuring that the person lacking capacity is “protected” and is in a healthy and safe environment

# Who has the right to make Healthcare Decisions

## ➤ Surrogates



- In the interim, while a family, an IDT, or both are trying to secure a guardian, someone has to make healthcare decisions...

# Surrogates

- An individual, other than a patient's agent or guardian, authorized under the NM UHDA to make a health-care decision for the patient
- Surrogate can be appointed if the agent or guardian is not “reasonably available” and there is an urgency in treating the health-care needs
- Alternates can also be chosen based on their availability and willingness to be a surrogate
- Safety net for those who do not have advance directives, living wills, etc.



# Surrogates -Through the NM Uniform Healthcare Decisions Act\*

## ➤ Hierarchy of Surrogates

- Spouse
- Significant Other
- Adult Children
- Parents
- Adult Siblings
- Grand parents
- Person showing Special care



# Surrogate Decision Maker Form

- DDS Form for stating that a surrogate has been identified to take on the role as decision maker
- **Temporary** – in cases of serious/delicate medical situations when a decision is needed
- IDT/Family should also be *actively pursuing guardianship* if it is determined that the individual lacks capacity (consult with individual's PCP, CNP...)
- To receive info: Please contact Lisa Storti, Office of Constituent Supports (505) 476-8972 or
- (Deputized) Christine Wester or Ingrid Nelson at CoC Main (505) 925-2350



# Who has the right to make Healthcare Decisions



Let's focus on Guardianship

# Paperwork - Guardians

- ⊙ A guardian is a person appointed by the court to make personal and/or health care decisions for a person (protected person -PP) who has been deemed “incapacitated.”
- ⊙ Conservators» finances
- ⊙ Guardianship is governed by the NM Uniform Probate Code
- ⊙ Guardians are to submit an Annual report to the District Court which issued the guardianship to assure commitment

# Paperwork - Guardians

*If you are serious about becoming a guardian you must first petition the court, either by filing it out yourself or through an attorney. Petitioning Attorney puts in official document*

- Evaluations will be based on 1) Visitor (Social worker/Case Worker for the court); 2) medical assessment of capacity- PCP should be one of two medical professionals making this evaluation; and 3) any notes or observations by the Guardian ad Litem
- A Hearing will determine if guardianship will be granted or denied (process can take a *few* months, but getting shorter in recent times starting 2018 )
- Average cost -  $\geq$  \$3,600 (uncontested)

# Paperwork - Guardians

➔ Those who seek to be a guardian, but fall below the poverty line should contact the Office of Guardianship to get on the waiting list for the Guardianship Program where the fee is free or nominal

➔ Contact the Intake Coordinator  
DDC Office of Guardianship  
625 Silver Avenue, SW Suite 100  
Albuquerque, New Mexico 87102  
[www.nmddpc.com](http://www.nmddpc.com) (505) 841-4549

➔ Advocacy Inc.  
Tammy Vigil - Intake/Coordinator  
6301 4th Street NW  
Albuquerque, New Mexico 87107  
(505) 266-3166

## ◎ Types of Guardianship

Family or Corporate

### II. Full or Plenary

Limited

Treatment\*

Temporary

Kinship

Testamentary

Guardian ad Litem

\* *Mental Health & Developmental Disabilities Code*

Conservator - finances/business

### III. Conservatorship - finance, fiduciary oversight

# Paperwork - Guardians

- **Full or Plenary** –responsible for making all major decisions for the protected or incapacitated person. Functions under New Mexico Uniform Probate Code
- **Limited** –This is granted when the protected person can make *some* decisions, but not all. Court order will specify- \* Ideal when appropos
- **Treatment Guardian** – at the request of a facility or treatment center, to assure compliance with medication and to make decisions regarding mental health issues. Functions under the *Mental Health & Developmental Disabilities Code*



# Paperwork - Guardians

- ➔ **Temporary** – Serious harm to person/health; court authorized and monitored; judge weighs in on time line usually 30 days but judge, depending on circumstance, may extend up to 60 days
- ➔ **Kinship Legal Guardian (KLG)** – extended family (connected to biological parents) who are granted permanent guardianship to children.
- ➔ **Testamentary Guardian** – named in the will of either a parent or spouse\* who is also the guardian of the PP). Must be done through filing at court - Probate)
- ➔ **Guardian ad Litem** – assigned to protect the rights of the alleged incapacitated person while waiting for a court proceeding (e.g. to determine guardianship)

# Paperwork - Guardians

- There will be times when a guardian may need to take a break, go on vacation, leave the country, etc.
- Delegation of powers by guardian (45-5-104 of Uniform NM Probate Code)
- By an official POA, guardian may appoint (delegate) an adult (with capacity) to carry out any of his/her powers as guardian (except power to consent to marriage or adoption of a minor ward). The duration of this POA can be up to 6 months
- Can be renewed for another 6 months via a new POA (repeatedly- want another 6 months... new POA)

# Keep in Mind- Guardians

- All guardianship in New Mexico-family/private or professional/corporate- can go through the Office of Guardianship for information and for pointing them in the right direction. However, the office does oversee the Corporate (Professional) Guardianship Agencies.\*

- “Guardianship and Conservatorship for Adults in New Mexico: A decision-Maker’s Manual”

\* \* [GuardianshipAllianceNM.org](http://GuardianshipAllianceNM.org) (download a copy)

- NGA - National Guardianship Association or NM Guardianship Association

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

- Guardians are to be in the Best Interest of the PP and make sure the protect the PP’s rights.
- Guardians should ask the PP what his/her wishes are and try to grant those wishes in the most practical and reasonable way. Guardians have the final decision. ( Decision Consultation form).

Keep in Mind- Guardians should, for the most part, base decisions on the PP's wishes (if *known* or in accordance w/the PP's values)

- Generally, they are responsible for maintaining and enhancing their PP's quality of life by:
- Making sure the PP's basic needs are being met
- Making sure that the PP is involved in recreational activities that he/she likes and can enrich his/her life
- Making sure the PP has good training and education
- Making sure the PP stays healthy; Remembering that as guardians, they should be actively involved in making informed health care decisions (may include consenting/refusing medical treatment)...in alignment with the PP's values

# Food For Thought- Knowing Policy

- Fitting in the Family Living Provider- Remember- must be connected by blood, marriage or adoption to be a healthcare decision maker (sanguinity or affinity)
- Repayee - who determines this? Federally governed - not State governed: it is not written in stone that guardian has to be the repayee
- Make no assumptions - Guardianship (State probate)
- Educate *all* IDT members ( this includes the guardian) and always promote 2-way communication

# *Another form to consider*

- ⊙ Do Not Resuscitate (DNR) or In-tubate (DNI)
- ⊙ These are special orders and please note that they cross categories:
- ⊙ DNR/DNI orders, when initiated by a person with capacity, it is *part of an Advance Directive*
- ⊙ However, when a Surrogate Decision Maker initiates a DNR/DNI order, for another, it is a *healthcare decision*
- ⊙ DNAR - *Do Not Attempt Resuscitation or*
- ⊙ AND - *Allow Natural Death*

# *Another form to consider*

- Standardized EMS -DNR Form (Only form they will honor)
- Statutory Form for New Mexico
- Transporting to and from Residence, Group homes, Assisted Living, etc.
- Place it where it is conspicuous, freezer/bag, carry order w/you ( medical bracelet) Copies are OK.
- Use authorized Medical medallions, bracelets, etc.,
- \* NM Medical Orders for Scope of Treatment (M.O.S.T)

# While on the Waiver

Healthcare Decisions are documented so that the team and any reviewing entity(s) are aware of the decision(s). This documentation is not necessarily a requirement with Mi Via Waiver

IDT can also discuss ways to assist in carrying out the healthcare decision, when/ if this is needed

**IDT Members Do Not Make Healthcare Decisions for the  
Individuals they serve**





Documents should be updated when condition or decision changes



# Decision Consultation Form

The main form for acknowledging that an informed decision has been made



# DDSD Forms- previous

1. DCF for capturing the decision from the authorize decision maker  
2. TJF for capturing the decision from the team = Decision Consultation Process

New form being devised and the vote is leaning towards removal of Team Justification component

# Decision Consultation Form (DCF)

[DDSD Policy on informed Decision Documentation]

- ❖ Used to...
- ❖ Document medical/health-related (mind & body), therapeutic, or clinical decisions whether agreeing or disagreeing
- ❖ Document each and every time when disagreeing with or deferring from a medical recommendation
- ❖ Respond to a health or medical recommendation, Case Manager completes the DCF - may require assistance from IDT

# Decision Consultation Form (DCF) [DDSD Process and Form]



This includes

Medical orders or recommendations from:

✓ PCP, specialists or licensed medical or healthcare practitioner (e.g ACNP, DDS, PA)

Medical orders are usually for routine care, medications, services or treatment

Medical recommendations include discussion, advice, options, referral, evaluation(e.g. fluoroscopy)etc.

Regarding a life- style change, habits, propensity, procedure, surgery...or end of life decision making



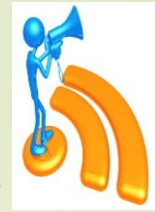
# Decision Consultation Form (DCF)

## DDSD Policy on Team Decision Documentation

Once a decision has been made by the healthcare decision maker, the Practitioner/clinician, etc., who made the recommendation, is notified and then the Case Manager files this form along with the report that contains the recommendation.

Relevant support plans should be revised accordingly—especially the Health and Safety Action Plan page of the ISP, healthcare plans, MERP, Therap, etc.

# DCF- Keep in Mind



- The healthcare decision maker has the sole responsibility for health related decisions  
(IDT does not make healthcare decisions)
- Issues of concern are communicated and addressed in a timely manner while IDT members or Supports make themselves available for information and answering questions
- Clinical and healthcare resources are identified or provided, if requested
- Informed decisions are *made, documented and honored (implemented)*. Those involved should advocate & honor the decision to promote the individual's Quality of life

# Decision Consultation Process)

[Simply]



- ❖ To guide teams or network of supports on the value of discussion –respect different opinions
- ❖ A means of letting the IDT members or Network of Supports to know what the final decision was regarding a recommendation
- ❖ Helps to get into a rhythm/pattern of discussing, educating, future planning...while encouraging healthcare decision maker to consult w/PCP, experts, etc., It is a *Process*
- ❖ Supporting the decision maker in arriving at an *informed decision* & communicating that decision



# Case Manager holds the key

CM has ultimate responsibility for the decision consultation process & team justification process

- ❖ Convenes the meeting, *if necessary, (e.g. via Phone)*
- ❖ Assures that the form is completed

Instrumental in accessing resources

- ❖ Updates health and safety action plan page whenever a DCF is completed
- ❖ Retains the form and files it appropriately
- ❖ Makes sure a copy is available for individual, guardian, pertinent IDT members





# Keep in Mind

Although the case manager is the one who generates the forms, and helps facilitate, it is through the team collaboration that these forms are made complete with all the elements to reflect what has lead up to the final decision.

The member who has been most involved with the situation should be a fulcrum: connecting with CM and ascertaining that the information contained in the form is accurate, sequential and so forth.

# Keep in Mind



It has been suggested that all members are given the form ahead of time to become familiar and do some “prep” work before the actual meeting occurs to discuss the situation or particulars

**This** can encourage IDT member’s full participation, their careful thought to the issue at hand, research, inviting the experts and resources to attend the meeting. It can move the discussion and team process to efficacy and productivity (as opposed to the mundane, un-involved, unaware, one-way meeting, where members’ attendance is sometimes fleeting).

# Keep in Mind



This form is appropriate for all inter-disciplinary teams who support adults on the Waiver (individuals 21 or older who are no longer eligible for EPSDT benefits)

# Let's Review

There are 4 main legal decision makers (capacity) w/DDW  
Let's name them

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**PLEASE CLASSIFY THE HEALTHCARE DECISION MAKER  
APPROPRIATELY AND ACCURATELY ( 1 OF THE 4)**

# Let's Review...

DO NOT CALL ALL DECISION MAKERS "GUARDIANS"-

DO CHECK TO SEE THE TYPE OF GUARDIANSHIP OR HEALTHCARE DECISION MAKING POWER THE PERSON HAS- Official documents, please!

Make Copies and Place in Folder-DON'T ASSUME or Give more authority than what is due- especially when person is outspoken

## ▣ Let's Review...

Use Decision Consultation Form for Medical, healthcare therapeutic, health-related, body and mind recommendations

Healthcare decision maker makes → informed decision

*\*\* IDT does not make healthcare decisions for the Individual, but supports and implements the decision(s)*

# Let's Review...


CM is responsible for assuring that the forms are complete

IDT member with the most knowledge should assist with filling in the details

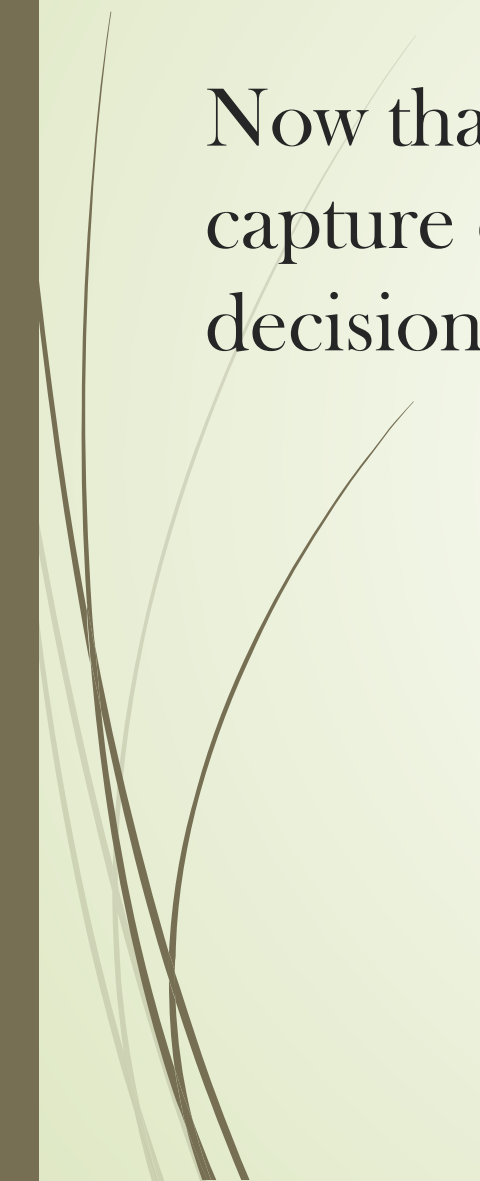


CM files form accordingly- makes it available for pertinent IDT members

Update relevant documents



Now that you know the basic forms to capture decisions by the authorized decision maker(s) ...what's next?





# What you need to know

DDPC is now DDC since “planning” does not necessarily convey “doing” or action. Office of Guardianship (OoG) under DDC had been given marching orders for 2021:

- 1. Strengthen the Office of Guardianship legal and professional services
- 2. Establish a working Interdisciplinary Network of guardianship stakeholder
- 3. Required to publish an annual report
- 4. Establish the OoG Volunteer Court Visitor Program
- 5. Consideration of Less Restrictive Alternatives to Guardianship
- 6. Court Visitor Pilot Program

# What you need to know

- Establish and manage a volunteer Court Visitor Program- this would be in response to the courts request on adult guardianship cases
- Monitor professional guardians - having access to records, annual service reviews, visit protected person to evaluate the adequacy of guardianship service, legal and other remedies against service providers who are not in compliance; promoting code of ethics; assuring the maximum caseload
- Assurance that the civil rights of Protected person shall be met and promote the importance of responsibility
- Adult Guardians and Conservator Program Orientation Video

# What you need to know

- All Guardians and conservators must complete Reports (90 days after a new appointment; Annual Report – due 30 days after the 1<sup>st</sup> anniversary and every year thereafter
- Courts can fine a guardian or conservator \$25 for each day the report is late
- Annual report will not be waived, but can be extended only up to 60 days- one must put in request to the courts for this extension

# What you need to know

- All reports shall be submitted to the Office of the State Auditor
- If information in the report or investigation or review request becomes of question, the Office of the State Auditor may choose to conduct a full audit ( within 15 days alert the Court of its decision to audit or not)
- Audit reports must be filed within 90 days and has the authority to subpoena any documents, records, etc. Hearing will determine outcome
- Anyone withholding information will be in contempt of court



# What you need to know

- Every 10 years, any time after the appointment of a guardian, or Receipt of a Review Request... the court can hold a Status Hearing
- To check the status of the PP's capacity and if there remains a need for a guardian
- Appoint a Court Investigator who will submit a detailed report to the court regarding the capacity and the level of need for guardianship



# What you need to know

- If Court cannot contact guardian or protected person, a Guardian ad litem will be put in place until things are in order
- Based on findings, the Court will enter the appropriate order to safeguard the rights of the Protected Person
- The guardian shall carry out his/her duties in a manner that is least restrictive of the PP's personal freedom and the level of need for supervision



# What you need to know


- Death, Substitution, Review of Guardianship
- The Protected Person or anyone interested in the welfare of the PP can petition for a review of the guardianship
- Following a notice and hearing, the court may decide to remove a guardian, appoint a successor or remove the guardianship altogether
- Upon the passing of the PP a report will need to be submitted to the courts

# No one is “Untouchable” anymore

There was a time when removing or replacing a guardian called for an attorney, time and money, an Act of God, etc.

- Times have changed: In order to protect the individual, the courts are seeing that there needs to be more oversight and that grievances and complaints must be taken seriously and not presume that all guardians are in the best interest of the individual (abusive agencies “helped” open their eyes)
- It is not a slam dunk, but with substantial and copious evidence along with a thorough investigation...it has widened the opportunity to dismiss and replace guardians who neither honor their responsibilities nor protect the individual- or act in a way that is not in the best interest of the PP!!





Now that you know the  
fundamentals of  
Guardianship... What's next  
and how best to advocate?



## Food For Thought- Advocacy

Get into Guardianship Planning- don't have a false sense of security:

What if the guardian became ill

What if the guardian passed away

What if the guardian is elderly, and now showing signs of dementia

What if they are very hard to reach (e.g. rarely keeping in touch)

# Food For Thought- Advocacy

- Utilize simple suggestions/tools from the Advocacy Tool Box
- CM (either one-on-one or smaller group setting) should gently ask about successor guardian and this can be prompted by the annual ISP or if incident occurs with guardian that warrants this to be broached- can be peace of mind for current guardian and for IDT (things are in place/order)
  - If a guardian is ill, utilize the delegate POA for a 6-month term- this takes the weight off of a guardian (find the temp sub and/or permanent successor)
  - Contact the courts so they can look into this and determine if a guardian ad litem, successor, Corp Guardian, etc. is needed ( Yes, Corp. Guard. is a viable choice sometimes)

# Food For Thought- Advocacy

Utilize simple suggestions/tools from the Advocacy Tool Box

- When a guardian passes away...someone must notify the courts- let them help with next appointment of guardians
- Seek guidance from Office of Guardianship, counsel, etc. they may have emergency funding to identify a guardian
- Surrogate Decision Maker Form can be used while securing a guardian



# Scenarios

# Food For Thought- Advocacy

Your philosophies or belief systems will impact your approach on the delivery of care and how you advocate for your clients and educate and communicate w/the guardian.


If you keep bringing your guns out...you are going to continually be in a battle or a gun fight

Guardians are in the drivers seat- you ride with them (educate, communicate and support ) or get off the bus

You have the power to set the tone- are we going to fight or are we going to negotiate and work out a solution that helps the Individual

“You are going to get a lot more flies with honey, than you can with vinegar”

# Food For Thought- Advocacy

- 
- Guardianship should not be used and abused either- and *please* don't resort to Guardianship because:
    - a. The individual refuses to take Meds
    - b. The individual takes too long to make decisions
    - c. The Individual seems to have no morals
    - d. The Individual is testy and resistant to following parts of the program “She appears to never agree w/any of the Therapy plans...”



# Food For Thought- Advocacy


e. “...the very nature of the Waiver implies that *waiver recipients* need a guardian. C’mon, the average person is not on a Waiver, so, of course they need a guardian!”

f. “All of these questions and recommendations from the Individual Quality Review Process ( we see why it was formerly called CPR)...I think we need a Guardian!”

g. With all those behaviors...he needs a guardian”



# Food For Thought- Advocacy

- 
- ➔ Check for medical or physical causes re: behaviors. There is a reason for everything
  - ➔ Present Parameters if an answer is needed by a specific time (ex. Can you give me an answer by next Tuesday 5/26? Pull out the calendar to demonstrate)
  - ➔ Get the person(s) who knows the individual well to get to the heart of the matter to have a meeting of the minds for solutions. Share with guardian - no one has all the answers
  - ➔ Maybe its time to explore Resources, Bureau of Behavior Supports, Regional Office ( I'm just sayin'...)

# Food for Thought Advocacy

Other states are wanting to do away with Guardianship...totally

States have had long history of many cases of abuse and exploitation



New Mexico is progressive

Least Restrictive

Legislature heading towards promotion of Supportive Decision Making- processes for assisting and supporting self-determination

# Food For Thought- Advocacy

- Least Restrictive and in the best interest of the individual – Dignity of Risk -don't forget safety nets
- Courts are doing more monitoring, home visits, checking after 10 years to see if status needs to change, fines for late annual reports- more checks and balances
- However, it still takes time for the courts to process the request to have guardianship looked into – it's not happening overnight
- In the meantime- the guardian is the legal authorized decision maker until the courts say otherwise!!

# Food For Thought- Advocacy

- “Let’s sharpen the Saw” Have a game plan and follow your philosophy on the best way to advocate – catch everyone being good vs. catching when they are bad –with all eyes open (TEAM) you will discern when praise and when admonishment is needed.
- Explore Limited guardianship – let’s not be hasty with the full/plenary\* \* (do right by the person & lighten up responsibilities of the guardian- as appropriate- let’s not forget about the Rights & Responsibility of the individual)
- Explore Limited Conservator – let’s promote safe independence in small steps to work his/her way up

# Food For Thought- Advocacy

- Work from the Individual's strengths - as building blocks-to include pace and the best format to present things to him/her (e.g. When you assist Granny with crossing the street you don't tell her to hurry up...)
- Question- is this about making it easier or less "liability" for the team as opposed to what is best for the individual with I/DD- speak up and make progressive therapy plans
- Be creative...utilize skills of the IDT
- Progress (human nature) takes time...but in the long run it can be beneficial for all involved
- Annual Check points and assess status

# Food For Thought- Advocacy

- ▶ Let the impetus of your actions be about advocating for the individual! (not about being right or proving the guardian wrong)
- ▶ Our main focus should be supporting Quality of Life and assuring Quality Care for the Individuals we serve
- ▶ Incumbent on each team member to be available for the whole IDT meeting to contribute information that promotes the Individual's Quality of life ( no multi-tasking) and educates the guardian/decision maker



What to do when the IDT is fed up and feel detached from the Healthcare Decision Maker? Think again... because everyone has a cross to bear and tries to do the best within his/her means!

# Problems have Solutions- tap into Resources



- ➔ Grievance Form 4-999

This should be done after all other efforts have not been successful. Please refer to form for directions

- ➔ Contact Courts to request a Review

Compose letter with dates, times and facts - Send certified letter to courts/judge

- ➔ Document, document, document all interventions and plans of action



# Everyone can use a little help

## Utilize tools from the Advocacy Tool Box

- Regional Office
- Office of Constituent Supports
- UNM (CoC, TEASC, CDD- education, TA and consult
- Office of Guardianship and/or Advocacy Inc.
- Corporate Guardians have chain of command
- File Letter of Complaint with Guardians
- Disability Rights
- Grievance Form 4-999
- Contact Courts request a Review

# Problems have Solutions- tap into Resources

## Regional Office

Discuss to ascertain that the agency is doing their job- especially in cases where monitoring is needed - RORA may be a catalyst- it's not just the guardian that is the problem

## ➔ Office of Constituent Supports

A facilitated discussion by a neutral objective expert may bring about collaboration and education for the guardian/team/supports

## ➔ Office of Guardianship and/or Advocacy Inc.

Resource that is available for advice and guidance. Gives teams and interested persons a legal path to work out issues with guardian

# Problems have Solutions- tap into Resources

→ Corporate Guardians have chain of command

First efforts should be working out issues directly with guardian; if this does not move things, then go up the chain of command

→ File Letter of Complaint with Guardians

(See form with suggestions from OoG

Always go to the source first before you involve others

→ Disability Rights ( 505) 256-3100

Their mission “is to provide and promote opportunities that empower people with *disabilities*”

# Food For Thought- Advocacy

- Develop a Rapport- before there are issues. Encourage collaboration not control
- Keeping communication open, honest and wholesome- Guardians have a right to know
- Courts are starting to make home visits
- Empathy, yet have accountability
- Creating a “trusting” relationship
- Synergy amongst IDT members- (CM, Guardian, RN, Therapists, etc.,)

# Food For Thought- Advocacy

Integrity, resourcefulness, perseverance, sense of humor, resilience, get relief through confidantes; and say the Serenity Prayer (not everything will go as planned all the time - so have plan B, C...) and stay positive! We are here for our clients/individuals/patients through...**TEAMWORK!**



➤ Thank You