

West Virginia Department of Health and Human Resources

# Substitute Decision-Maker Policy

Bureau for Social Services Adult Services Policy

September 2021

## Contents

Guardianship Appointment .....	9
Health Care Surrogate Appointment .....	10
Adult Guardianship .....	10
Health Care Surrogate.....	11
Guardianship.....	12
Health Care Surrogate.....	12
Guardianship.....	17
Health Care Surrogate.....	17
Criteria for Eligibility .....	17
Adult Request to Receive Services.....	18
Adult Protective Services .....	19
Foster Care Services.....	19
If the referral is accepted:.....	22
Response Times .....	22
Considerations in Determining Response Time.....	23
SECTION 3 Assessment .....	23
3.1 Adult Initial Assessment.....	23
Information Gathered by Conducting a Series of Interviews .....	24
Initial Process for Substitute Decision-Maker Services .....	24
Additional Information for Initial Assessment.....	24
3.2 Time Frames.....	24
3.3 Extension Beyond Allowable Time Frame .....	25
3.4 Assessing Eligibility.....	25
Adult Guardianship .....	25
Health Care Surrogate.....	26
3.5 Decision-Making Capacity.....	26
3.6 Assessment of Risk.....	27
3.7 Short-Term Service Planning.....	28
Requirements for Service Planning.....	28

3.8 Conclusion of Initial Assessment .....	28
If the Department is to Petition for Appointment of a Guardian.....	28
Disposition of Referrals/Assessments .....	30
3.9 Initial Assessment Disposition Options.....	30
3.10 Assessment Prior to Case Closure.....	31
SECTION 4 Case Plan .....	31
4.1 Service Planning .....	31
4.2 Inclusion of the Incapacitated Adult in Service Planning.....	32
4.3 Determining the Most Integrated Level of Intervention .....	33
4.4 Required Elements – General .....	33
4.5 Other Considerations for Service Planning.....	34
4.6 Developing a Plan to Reduce Risk/Assure Safety .....	34
4.7 Developing/Implementing a Plan for an Adult in a State Operated Facility .....	34
SECTION 5 Case Management .....	35
5.1 Introduction .....	35
5.2 Comprehensive Assessment.....	35
5.3 Time Frames.....	35
5.4 Information to Be Collected.....	36
Identifying Information.....	36
Services Requested .....	36
Living Arrangements .....	36
Client Functioning .....	37
Physical/Medical Health .....	37
Mental/Emotional Health .....	37
Financial Information .....	37
Educational/Vocational Information .....	38
Employment Information .....	38
Military Information.....	38
Legal Information.....	38

5.5 Conclusion of Comprehensive Assessment ..... 39

5.6 Appointment Process in a Guardianship Case ..... 39

    The Petitioner ..... 39

    When the Department is the Petitioner ..... 39

    When the Department is assisting Another Person with Petitioning..... 39

    When a Guardian is Needed for an Adult in a State Operated Facility ..... 40

    Petitioning prior to the Alleged Protected Person’s 18th Birthday..... 40

    Explore all Potential Guardians Prior to DHHR Filing a Petition ..... 40

    Completing the Petitioning Process..... 40

5.7 Contents of the Petition..... 41

    Information about the Petitioner ..... 41

    Information about the Alleged Protected Person ..... 42

    Information about the Alleged Protected Person’s Relatives ..... 42

    Information about Persons Acting in a Decision-Making Capacity to the Alleged Protected Person ..... 42

    Other Required Information ..... 42

5.8 Fees/Costs ..... 43

5.9 Notification to Required Parties Prior to Hearing..... 43

    Responsibility of the Worker - Prior to the Hearing ..... 44

    Responsibility of the Supervisor - Prior to the Hearing ..... 44

    Responsibility of the Court - Prior to the Hearing ..... 44

    Setting the Hearing ..... 45

5.10 Guardianship Appointment: ..... 45

    Persons who may be Appointed Guardian ..... 45

    Persons who may not be Appointed Guardian..... 45

    Appealing an Appointment..... 46

5.11 Responsibility of the Worker ..... 46

    During the Hearing..... 46

5.12 Responsibility of the Court ..... 47

    During the Hearing..... 47

5.13 Different Types of Guardian Appointments .....	47
5.14 Court Requests for Studies of Potential Guardians .....	47
5.15 Post Guardianship Appointment .....	48
Notification to Required Parties Following Appointment .....	48
Reports to the Court .....	48
Other Reports to the Court.....	50
Responsibility of the Worker - Following the hearing .....	50
Responsibility of the Supervisor - Following the Hearing.....	50
Responsibility of the Court Following the Hearing.....	50
Following an application requesting access to the protected person.....	50
5.16 Appointment of the Department as Health Care Surrogate .....	51
Process for Appointment .....	53
Exploring all potential candidates prior to DHHR accepting appointment .....	53
Responsibility of the Worker .....	54
Following appointment.....	54
Responsibility of the Supervisor .....	54
Appointment for Individuals in State Operated Facilities .....	55
5.17 Decision-Making for the Protected Person or Incapacitated Adult .....	55
5.18 Commencement of Substitute Decision-Maker Authority.....	56
Adult Guardianship .....	56
Health Care Surrogate.....	56
5.19 Decision Making.....	58
Guardianship.....	58
Health Care Surrogate Decision Making.....	60
5.20 Placement Decisions .....	62
Guardianship Placement Decisions: .....	62
Health Care Surrogate Placement Decisions: .....	63
5.21 Medical Decisions .....	64
5.22 End-of-Life Decisions.....	65

WV Substitute Decision-Maker Policy

Do Not Resuscitate (DNR) Order..... 66

5.23 Resolving Conflicts Between Advance Directives ..... 67

5.24 Relationship Decisions ..... 68

    Visitation with relatives ..... 68

5.25 Financial Decisions ..... 69

5.26 Guardianship Supportive Service Decisions..... 70

5.27 Ethics Consultation ..... 70

    Consultation Protocol ..... 71

5.28 Foster Care Youth turning 18..... 71

5.29 Compensation for a Court Appointed Guardian..... 73

5.30 In State/out of State Guardian..... 74

    Guardian Appointed in a State Other than West Virginia ..... 74

    Protected Person Moves Out of State ..... 74

SECTION 6 Case Review ..... 75

6.1 Introduction ..... 75

6.2 Purpose ..... 75

6.3 Time Frames..... 75

    Client Resides in Community ..... 76

    Guardianship Client Resides in a Supervised Placement..... 76

    Health Care Surrogate Client Resides in a Supervised Placement ..... 76

6.4 Conducting the Review ..... 77

6.5 Documentation of Review ..... 77

6.6 Assessment Prior to Substitute Decision-Maker Case Closure- Guardianship..... 78

6.7 Health Care Surrogate..... 79

    Adult Regains Decision-Making Capacity..... 79

    Surrogate No Longer Willing/Able to Serve..... 79

6.8 Payment by the Bureau for Social Services ..... 79

    Fees Associated with Filing a Petition..... 79

    Process for Filing Fees..... 80

Other Demand Payments .....	80
6.9 Transfer of Cases between Counties .....	81
Timing of Transfers .....	81
Sending County Responsibilities .....	82
Court Requirements and Legal responsibilities - Change of Venue .....	82
6.10 Legal Processes .....	83
6.11 Confidentiality.....	83
Confidential Nature of Adult Services Records.....	83
When Confidential Information May be Released .....	83
Sharing Information with the West Virginia Advocates .....	84
When Information is Released to the Courts .....	85
6.12 Subpoenas, Subpoena duces tecum & Court Orders .....	85
Court Ordered Subpoenas .....	85
Administrative Subpoenas .....	86
6.13 Liability .....	86
6.14 Conflict of Interest .....	86
6.15 Exceptions to Policy .....	86
SECTION 7 Case Closure .....	87
7.1 Case Closure - General .....	87
Notification of Case Closure.....	87
7.2 Client’s Right to Appeal.....	87
SECTION 8 Other .....	88
8.1 Initial Assessment .....	88
8.2 Comprehensive Assessment .....	88
8.3 Service Plan .....	88
8.4 Petition for Appointment of Conservator/Guardian .....	88
8.5 Motion for Leave to File Guardianship Petition without Evaluation Report .....	88
8.6 Evaluation Report of Licensed Physician/Psychologist.....	89
8.7 Affidavit of Physician (Certifying Protected Person Cannot Attend Hearing) .....	89

WV Substitute Decision-Maker Policy

8.8 Petition for Permission to Resign as Conservator/Guardian ..... 89

8.9 Petition for Removal of Conservator/Guardian..... 89

8.10 Petition for Termination, Revocation or Modification of Appointment ..... 89

8.11 Statement of Financial Resources..... 90

8.12 Periodic Report of Guardian ..... 90

8.13 Intake Summary ..... 90

8.14 Ethics Consultation Intake Tool ..... 90

8.15 Ethics Consultation Summary ..... 90

8.16 Negative Action Letter (SS-13)..... 90

Appendix A WVDHHR Civil Rights Discrimination Complaint Form..... 100

Appendix B Sample Forms ..... 103



## **SECTION 1 Introduction**

### **1.1 Introduction and Overview**

Adults have a constitutional right to live their lives as they see fit, within the confines of the law. Inherent in this is the right of self-determination. Because of this, one of the basic tenets of the Department is that any intervention must be the least intrusive and restrictive alternative that is appropriate to address the needs of the individual. Therefore, all potential options should be thoroughly explored prior to seeking appointment of a Guardian, Conservator, or Health Care Surrogate which will restrict the individual's constitutional rights to some degree. In addition, thorough exploration of the existence of advance directives such as a living will, medical power of attorney, durable power of attorney, etc. is to occur prior to accepting appointment of a Health Care Surrogate. Also, less intrusive alternatives to Guardianship/Conservator appointment should be considered including Health Care Surrogate (if assistance is only needed with health-related decisions), Representative Payee (if the income is a government or other benefit) and others.

A reasonable attempt will be made to accommodate individuals with disabilities and examples of this include: Auxiliary aids for individuals with disabilities where necessary to ensure effective communication with individuals with hearing, vision or speech impairments will be arranged and provided. All offices have the capability to accommodate individuals that utilize TTY equipment. If further assistance is needed, the worker will contact the local Division of Rehabilitation as well as the West Virginia Commission for Deaf and Hard of Hearing at (304) 558-1675. The TTY toll free number is 1-866-461-3578.

Culturally competent practice is ensured by recognizing, respecting, and responding to the culturally defined needs of individuals that we serve. If someone needs an interpreter, the worker must contact local resources to locate an interpreter. Examples include, but are not limited to, the Board of Education, local colleges, and Division of Rehabilitation. If a local community resource cannot be located, the worker will seek other resources such as the Department of Justice Immigration and Naturalization Service at (304)347-5766, 210 Kanawha Boulevard, West, Charleston, WV 25302. If an interpreter is used, confidentiality must be discussed with this individual, reminding them that all information is confidential and must not be shared with anyone.

If an interpretation services are needed (and all other resources have been exhausted); services can be provided by Interpreters Unlimited, INC. A formal request will need to be made to the appropriate adult services consultant. The consultant will make the formal request to the BSS Payments and obtain the unique individual access code to be utilized for the interpretation services.

There are times when an adult may become incapacitated to the extent, he/she is no longer able to make decisions on his/her own behalf. When certain criteria are met, he/she may need a substitute decision-maker to be appointed to make personal decisions on his/her behalf.

A substitute decision-maker may be appropriate when:

- The adult requires assistance with medical decisions
- The adult has not designated anyone to assume decision-making for them, by execution of a durable power of attorney, or another advanced directive
- The previously appointed substitute decision-maker is not available
- There is no known other advanced directive to provide guidance about medical care or other types of decisions.
- A substitute decision-maker may be appointed to make personal decisions for an individual who is unable to make these types of decisions independently.

### ***Guardianship Appointment***

In order for a Guardian to be appointed, a petition requesting this type of appointment must be filed with the Circuit Court. If, during the Guardianship hearing, it is determined by the court that the adult meets the definition as a “protected person” under the Guardianship and Conservatorship Act, a Guardian may be appointed to assist the protected person with personal decisions. The authority of the Guardian may extend to all personal decisions affecting the protected person or may be limited in scope or duration by the court. It is always preferable to pursue the least intrusive type of appointment that is appropriate to meet the individual’s needs (i.e., Temporary Guardian, Limited Guardian, Full Guardian). The Department of Health and Human Resources may be appointed to serve as Guardian in instances where there is no one willing, able, and appropriate to serve in this capacity.

Guardians have a fiduciary duty to the protected person. A fiduciary duty means that a special relationship of trust, confidence, or responsibility exists. When the Department is appointed to serve as Guardian, this duty legally obligates the Department to act in the best interest of the protected person. The duty to act in the best interest of the protected person includes taking actions that may be adverse to the Department, Bureaus within the Department and other state agencies when advocating for services or civil remedies on behalf of the protected person. Under no circumstances will Guardians employed within the Department put the interest of the Department or Bureaus within the Department before the interests of the protected person.

When the assistance needed extends to decisions related to managing the protected person’s financial affairs and estate, the court may appoint a Conservator. The Sheriff of the county in which the petition is filed is the entity designated to serve as Conservator for a protected person in instances when a Conservator is needed but there is no one who is willing, able, and appropriate to serve in this capacity. The Department may not be appointed to act as Conservator ([WV Code§44A-1-8](#)). If the Department is present during a hearing where the Department is ordered by the court to be Conservator under these circumstances, the Department must object during the hearing, so the objection is noted in the court record. Immediately following the hearing/notification the Adult Service worker needs to consult with their immediate supervisor. Consultation with Legal Counsel for Adult Services may be necessary for additional assistance.

The role of the Guardian is distinguished from the role of a Conservator by the nature of the decisions they are each authorized to make. Guardians are authorized to make certain personal decisions while Conservators are authorized to make financial decisions.

Appointment of a Conservator is a mechanism for assuring the protection of financial income and assets of incapacitated adults. State statutes require that the court select the individual or entity that is best qualified to act in the best interest of the protected person, ability of the Conservator to carry out the duties and responsibilities of the office, and commitment to promoting the protected person's welfare. A Conservator appointed under the provisions of [WV Code §44A-1-8](#) must be the least restrictive possible and the powers granted shall not extend beyond what is necessary to assure the protection of the individual. Appointment of a Conservator severely limits the rights of the protected person to act on their own behalf. The local Sheriff may be appointed as Conservator of last resort.

**Note:** While the statute allows a Guardian ad litem to be appointed for an individual under the age of 18 years old, this does not come under the jurisdiction of Adult Services, unless the individual has been emancipated. Also, if the client has an appointed Guardian and if their assets are not significant to warrant a Conservator a Representative Payee can be arranged to help assist with the individual's financial assets.

### ***Health Care Surrogate Appointment***

For a Health Care Surrogate to be appointed, a qualified physician, qualified psychologist, or an advanced practice nurse must have determined that the individual is no longer able to make decisions on their own behalf. The authority of the Health Care Surrogate is limited to health care decisions affecting the individual. The Department of Health and Human Resources may be appointed to serve as Health Care Surrogate in instances where there is no one willing, able, and appropriate to serve in this capacity. When the Department accepts appointment to serve as Health Care Surrogate, this duty obligates the Department to act in the best interest of the individual.

**Note:** While determination of incapacity may be done by a qualified physician, qualified psychologist, or an advance practice nurse, actual appointment of a Health Care Surrogate may only be done by a qualified physician or advance practice nurse. A second opinion is only required if treatment for mental illness or addiction will be needed. (See Subsection 5.16 Appointment of the Department as Health Care Surrogate for additional information)

## **1.2 Statutory Basis**

### ***Adult Guardianship***

The West Virginia Guardianship and Conservatorship Act, originally enacted in 1994, contained in [WV Code §44A-1-1](#) of the West Virginia State Code. This Act outlines the circumstances under which a Guardian or Conservator may be appropriate, the process to be followed for a Guardian or Conservator to be appointed, and the duties and responsibilities of appointees. In situations where a Guardian is needed, but there is no one willing, able, and appropriate to serve in this

capacity, the Department may be appointed. If, a Conservator is needed and there is no one willing or able to serve, the local Sheriff may be appointed [WV Code §44A-1-8](#).

Any adult individual may be appointed to serve as a Guardian, a Conservator or both upon duties of Guardian or Conservator and upon the determination by the court that the individual is capable of providing an active and suitable program of Guardianship or Conservator for the protected person. The individual may not be employed by or affiliated with any public agency, entity or facility that is providing substantial services or financial assistance to the protected person under the provisions of [WV Code §44A-1-8](#).

Prior to passage of the Guardianship and Conservatorship Act, appointment of committees and Guardians were made under the provisions of [WV Code §27-11-1](#) et seq. Appointments made under that statute remain in effect until such time as the appointment is terminated, revoked, or modified. When any of these three actions occur, they are required to be done in accordance with the provisions of the Guardianship and Conservatorship Act [WV Code §44A](#). Any subsequent appointments by the Circuit Court must also be done in accordance with these provisions.

### ***Health Care Surrogate***

The West Virginia Health Care Decisions Act is contained in [West Virginia Code §16-30](#). This Act outlines the circumstances under which a Health Care Surrogate may be appropriate, the process to be followed in order for a Health Care Surrogate to be appointed, and the duties and responsibilities of appointees. In situations where a Health Care Surrogate is needed, but there is no one willing, able, and appropriate to serve in this capacity, the Department may be appointed. Please refer to [West Virginia Code §16-30](#) for further information.

### **1.3 Mandates for the Appointee**

Whenever the Department has been appointed to serve as Guardian for a protected person, unless the appointment is limited by the order of appointment, the substitute decision-maker has the following responsibilities as they carry out their duties in this capacity as defined by West Virginia State Code. Please note, in some instances the Department's policy will be more stringent than the WV State Code.

- Obtaining provision for and making decisions related to the adult's care, health, habilitation, education, therapeutic treatment, and residence; per regulations and policies consistent with the Guardianship appointment.
- Maintain ongoing regular contact with the individual, in order to know and adequately represent their capabilities, strengths, limitations, needs, and opportunities;
- Guardians must seek authorization of the court prior to authorizing a) the protected person's move to another state, b) termination of protected person's parental rights, c) change in the protected person's marital status, d) deviation from an existing medical advance directive duly executed by the protected person prior to the court's determination of incompetence or e) revocation or amendment of a durable power of attorney duly executed by the protected person prior to determination by the court of incompetence;

## WV Substitute Decision-Maker Policy

- Exercise authority only to the extent necessary, as determined by the protected person’s limitations;
- Where feasible, encourage the protected person to participate in decisions made on their behalf, to act on his/her own behalf to the extent possible and to develop or regain the capacity to manage his/her own affairs to the extent possible;
- Consider the expressed desires and personal values of the protected person, when known, in making decisions on his/her behalf and when these are not known, to act in the best interest of individual, exercising reasonable care, diligence, and prudence; and,
- Guardians must prepare and file periodic reports with the court.

**Note:** When the Department is appointed, a bond is not required and the mandatory training can be waived by the court, [WV Code §44A-1-9](#). If another individual is named Guardian other than the Department that proposed individual will be required to receive educational material or training, unless waived by the court. The proposed Guardian must complete the training within 30 days, and then file an affidavit to the court certifying that they have done so. The proposed Guardian may be required to take an oath promising to faithfully perform their duties as Guardian. The court will determine whether the proposed Guardian must post a bond. This is at the court’s discretion and can be waived. When authorization of the court is required in advance, as outlined above in C, the adult service worker should advise his/her supervisor immediately and promptly refer the matter to the appropriate Legal Counsel for Adult Services for review and assistance.

### 1.4 Procedures for Requesting Substitute Decision-Maker Services

#### ***Guardianship***

Any interested person, including but not limited to the individual alleged to be a protected person, a person responsible for the individual’s care or custody, a facility providing care to the individual, a person the individual nominated as Guardian or Conservator, a de-facto Guardian or Conservator, the Department or others, may file a petition to request appointment of a Guardian and/or Conservator. In situations where it is believed that a Guardian or Conservator is needed and no one is available or willing to file the petition, the Department may file.

#### ***Health Care Surrogate***

Requests for appointment of a Health Care Surrogate are usually made by a qualified physician or advanced nurse practitioner upon determining that the individual no longer has capacity to make health care decisions on their own behalf. In situations where it is believed that a Health Care Surrogate is needed and no one is available or willing to serve in this capacity, the Department may accept appointment.

### 1.5 Definitions

<b>Advance Directives:</b> Mechanism used by individuals to make health care decisions prior to their potential incapacity. State law recognizes living wills, medical power of attorney and durable power of attorney that include provisions for making medical decisions as advance directives.	<a href="#">WV Code §44A-1-3.</a>
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<p><b>Note:</b> DHHR Departmental and Adult Services staff is prohibited to assist with the completion of Advance Directives.</p>	
<p><b>Advanced Nurse Practitioner:</b> A nurse with substantial theoretical knowledge in a specialized area of nursing practice and a proficient clinical utilization of the knowledge in implementing the nursing process and has met the applicable licensing requirements.</p>	
<p><b>Attending Physician:</b> A licensed physician who is selected by or assigned to the person and has the primary responsibility for treatment and care of the person.</p>	
<p><b>Change of Venue:</b> This is a legal process whereby the court with jurisdiction over a Guardianship proceeding may transfer jurisdiction of the proceeding to a court in another county or state pursuant to <a href="#">WV Code §44A-1-7</a>. A Guardian and/or Conservator shall continue to file their respective reports and/or accountings to the court that has jurisdiction over the proceeding.</p>	<p><a href="#">WV Code §44A-1-7</a></p>
<p><b>Comprehensive Child Welfare Information System (CCWIS):</b> The automated client information system used by West Virginia Department of Health and Human Resources Bureau for Social Services.</p>	
<p><b>Conservator:</b> A person appointed by the Circuit Court who is responsible for managing the estate and financial affairs of a protected person.</p> <p><b>De facto Conservator:</b> A person who is not the power of attorney representative or appointed surrogate and has assumed substantial responsibility for any portion of the estate and financial affairs of another person later found to be a protected person.</p> <p><b>Limited Conservator:</b> A person appointed by the Circuit Court who has only those responsibilities for managing the estate and financial affairs of a protected person, as specified in the order of appointment.</p> <p><b>Temporary Conservator:</b> A person appointed by the Circuit Court who has only those responsibilities for managing the estate and financial affairs of a protected person, as specified in the order of appointment. A Temporary Conservator is time limited to six 6 months unless terminated or extended by the Circuit Court upon good cause following a hearing.</p>	
<p><b>Do Not Resuscitate (DNR):</b> A written, signed directive by a capacitated individual directing the health care provider not to administer cardiopulmonary resuscitation or any mechanical means to prolong or continue life</p>	
<p><b>Durable Power of Attorney:</b> A written, signed directive by a capacitated individual designating another person to act as their representative. The</p>	

<p> durable power of attorney specifies the areas in which this individual can exercise authority. A Durable Power of Attorney will become effective or remain effective in the event the individual becomes disabled or incapacitated.</p>	
<p><b>Emancipated Minor:</b> A child over the age of 16 who has been emancipated by 1) order of the court based on a determination that the child can provide for his physical well-being and has the ability to make decisions for himself or 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract <a href="#">WV Code §49-7-27</a>.</p>	<p><a href="#">WV Code §49-7-27</a></p>
<p><b>Estate:</b> Any real and personal property or any interest in the property and anything that may be the subject of ownership.</p>	
<p><b>Fiduciary Duty:</b> Means that a special relation of trust, confidence, or responsibility exists. This duty legally obligates one entity/individual to act in the best interest of another. A Guardian has a fiduciary relationship to a protected person.</p>	
<p><b>Guardian:</b> A person appointed by the Circuit Court who is responsible for the personal affairs of a protected person.</p> <p><b>De facto Guardian:</b> A person who is not the medical power of attorney representative or appointed surrogate and has assumed substantial responsibility for any of the personal affairs of another person later found to be a protected person.</p> <p><b>Limited Guardian:</b> A person appointed by the Circuit Court who has only those responsibilities for the personal affairs of a protected person, as specified in the order of appointment.</p> <p><b>Temporary Guardian:</b> A person appointed by the Circuit Court who has only those responsibilities for the personal affairs of a protected person, as specified in the order of appointment. A Temporary Guardian may be appointed upon finding that an immediate need exists, that adherence to the procedures otherwise set forth in <a href="#">WV Code §44A-1-4</a> for the appointment of a Guardian may result in significant harm to the person that no other individual or entity appears to have the authority to act on behalf of the person, or that the individual or entity with authority to act is the individual or entity with authority to act is unwilling, unable or has ineffectively or improperly exercised the authority. A Temporary Guardian is time limited to 6 months unless terminated or extended by the Circuit Court upon good cause following a hearing.</p>	<p><a href="#">WV Code §44A-1-4</a></p>
<p><b>Guardian Ad Litem:</b> A Guardian appointed by a court to protect the interest of an incapacitated adult in a particular matter. State employees are prohibited from serving as Guardian Ad Litem.</p>	

<p><b>Health Care Decision:</b> A decision to give, withhold or withdraw informed consent to any type of health care, including, but not limited to, medical and surgical treatments, including life-prolonging interventions, psychiatric treatment, nursing care, hospitalization, treatment in a nursing home or other facility, home health care and organ or tissue donation.</p>	
<p><b>Health Care Facility:</b> A facility including but not limited to hospitals, psychiatric hospitals, medical centers, ambulatory health care facilities, physician’s offices and clinics, extended care facilities, nursing homes, rehabilitation centers, hospice, home health care and other facilities established to administer health care in its ordinary course of business practice.</p>	
<p><b>Health Care Provider:</b> Any licensed physician, dentist, nurse, physician’s assistant, paramedic, psychologist or other person providing medical dental or nursing, psychological or other health care services of any kind.</p>	
<p><b>Health Care Surrogate:</b> An individual 18 years of age or older appointed or selected by an attending physician or advanced nurse practitioner to make medical decisions on behalf of an incapacitated individual.</p>	
<p><b>Incapacity:</b> The inability because of physical or mental impairment to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented and to communicate that choice in an unambiguous manner.</p>	
<p><b>Incompetence:</b> A legal determination that an individual lacks the ability to understand the nature and effects of their acts and as a result is unable to manage his/her business affairs or is unable to care for his/her physical well-being thereby resulting in substantial risk of harm.</p>	
<p><b>Interested Person:</b> A person who is the subject of a Guardianship or Conservator proceeding, an appointed Guardian or Conservator, or any other person with an actual and substantial interest in the proceedings either generally or as to a particular matter.</p>	
<p><b>Life Prolonging Interventions:</b> Any medical procedure or intervention that, when applied to a person, would serve to artificially prolong the dying process or to maintain the person in a persistent vegetative state. Includes, among others, nutrition and hydration administered intravenously or through a feeding tube. Does not include administration of medication or performance of other medical procedure deemed necessary to provide comfort or alleviate pain.</p>	
<p>Living Will: A written, witnessed advanced directive governing the withholding or withdrawing of life prolonging intervention, voluntarily executed by a person in accordance with the provisions of <a href="#">WV Code §16-30-3</a>.</p>	<p><a href="#">WV Code §16-30-3</a>.</p>
<p><b>Medical Power of Attorney:</b> A written, witnessed advanced directive that authorizes an individual that is at least 18 years of age to make</p>	<p><a href="#">WV Code §16-30-3</a></p>



WV Substitute Decision-Maker Policy

<p>medical decisions on behalf of another individual. A medical power of attorney must be duly executed prior to the individual becoming incapacitated and duly executed in accordance with the provisions of <a href="#">WV Code §16-30-3</a> or existing and executed in accordance with the laws of another state.</p>	
<p><b>Missing Person:</b> An adult individual, 18 years of age or older, who is absent from his/her usual place of residence in the state and whose whereabouts are unknown.</p>	
<p><b>Most Integrated Setting:</b> Is defined in the Olmstead Decree as a setting which fully enables individuals with disabilities to interact with non-disabled persons possible.</p>	
<p><b>POST Form:</b> The Physician Orders for Scope of Treatment (POST) is a form developed for the purpose of documenting orders for medical treatment and directives concerning provision of CPR, code/no code, level of intervention, etc. <a href="#">WV Code §16-30-25</a>.</p>	<p><a href="#">WV Code §16-30-25</a>.</p>
<p><b>Protected Person:</b> An adult individual, 18 years of age or older, who has been found by the court, because of mental impairment, to be unable to receive and evaluate information effectively, or to respond to people, events and environments to such an extent that the individual lacks the capacity to a) meet the essential requirements for his/her healthcare, safety, habilitation or therapeutic needs without the assistance or protection of a Guardian OR b) manage property or financial affairs or to provide for his/her support or for the support of legal dependents without the assistance or protection of a Conservator. A protected person is also defined as a person whom the court has determined is a missing person.</p>	
<p><b>Qualified Physician:</b> A physician licensed to practice medicine who has personally examined the person.</p>	
<p><b>Qualified Psychologist:</b> A psychologist licensed to practice psychology who has personally examined the person.</p>	
<p><b>Relative:</b> Anyone having a relationship of a spouse, parent, grandparent, stepfather, stepmother, child, grandchild, brother, sister, half-brother, half-sister or any person having a family-type relationship with the protected person or a family type relationship created by adoption.</p>	
<p><b>Representative Payee:</b> An individual appointed by the funding source to handle that individual's benefits.</p>	
<p><b>Substitute Decision-Maker:</b> A substitute decision-maker can be either a court appointed Guardian or a Health Care Surrogate.</p>	
<p><b>Surrogate Decision-Maker:</b> Means an individual identified as such by an attending physician in accordance with the Health Care Decisions Act, <a href="#">WV Code §16-30-3</a></p>	<p><a href="#">WV Code §16-30-3</a></p>

## **SECTION 2 Intake**

### **2.1 Eligibility Criteria**

#### ***Guardianship***

Anyone who believes that an individual is in need of a Guardian/Conservator but who is believed to have no one to act in this capacity may request Guardianship Services by contacting the Department. In addition, if someone is willing, able, and appropriate to serve as a Guardian or Conservator, but is unfamiliar with the filing process, the Department may assist on a short-term basis. For specific information about how to file a petition to request appointment of a Guardian and Conservator refer to SECTION 3 Assessment and SECTION 5 Case Management with emphasis on the following subsections: 3.8 Conclusion of Initial Assessment and 5.6 Appointment Process in a Guardianship Case.

#### ***Health Care Surrogate***

Whenever it is believed that an individual is in need of a Health Care Surrogate and based on a thorough search by the appointing physician or nurse practitioner, it is believed, that there is no one to act in this capacity, a request may be made for the Department to be appointed Health Care Surrogate.

#### ***Criteria for Eligibility***

In order to be eligible to receive Substitute Decision-Maker Services provided by the Department the individual must meet certain minimal criteria. The final determination about whether or not a substitute decision maker will be provided cannot be fully determined in most cases until after a thorough Initial Assessment is completed. The criteria which must be met at the intake phase of the case are as follows.

The individual must meet all the following criteria:

- Be at least 18 years of age for a Health Care Surrogate appointment or be at least 17 years, 10 months of age for a Guardianship appointment.
- Be a resident of West Virginia or be physically located within the state;
- Lack decision-making capacity or, at a minimum, appear to have impaired decision-making capacity for a Guardianship appointment
- Have been determined by a qualified physician, qualified psychologist or advance practice nurse to lack decision making capacity for a Health Care Surrogate appointment
- A Guardianship appointment requires client to need assistance with personal decisions in areas not limited to health-related decisions or a Health Care Surrogate appointment would need assistance with health care decisions.
- Have no known advance directive duly executed and in effect or an advance directive is in effect, but it does not adequately meet the individual's needs; and,
- Have no known person who is willing, able, and appropriate to serve as substitute decision-maker. In the case of request for guardianship, an individual may have someone who is willing, able, and appropriate but needs assistance in filing the petition.

For an adult who is a resident of a state operated long-term care facility, the Guardianship petition may be filed by the Department, facility or third party to request that the Department be appointed Guardian. The Department can also be appointed and may serve as Guardian for these individuals if someone other than the Department or the facility is the petitioner. State operated facilities to which this rule applies are: Jackie Withrow Hospital, Hopemont Hospital, Lakin Hospital, John Manchin Sr. Health Care Center, Welch Emergency Hospital, Mildred Mitchell Bateman Hospital and Sharpe Hospital.

Often the Department is inappropriately called upon to become Health Care Surrogate in circumstances where the hospital or doctor believes they need to perform emergency or time critical procedures. While it is generally required that a physician obtain consent prior to providing medical care, there are exceptions, such as emergency situations (W. Va. Code §16-4C-2).

Consent is presumed in an emergency when there is an immediate threat to the patient's life, sight, or limb, unless the patient indicated that they do not want the procedure or treatment in a previously executed advance directive. When this is the situation, emergency care may be provided without consent so immediate appointment of a Health Care Surrogate is not necessary. If the situation does not qualify as a true emergency as defined (above), the hospital or doctor is to follow the required process of attempting to identify and appoint an appropriate surrogate. It is the Department's responsibility to ensure that proper procedures are followed prior to accepting appointment as Health Care Surrogate. The hospital is to follow their internal procedures for providing medical treatment in emergency situations.

In these instances, the Department should decline appointment to address the emergency medical need. This would not preclude the Department from accepting appointment after all other prospective decision-makers have been contacted and it has been determined that there is no one willing, able, and appropriate to serve.

Whenever the Department receives a Health Care Surrogate appointment from these two facilities, the local office needs to thoroughly review the appointment for accurate language, time frames/discharge date and documentation of selection process. If there are any questions concerning the Health Care Surrogate (HCS) appointment form, the local worker needs to contact the appropriate facility staff to voice their concerns regarding any issues. If there are changes to be made to the HCS form only a qualified attending physician or advance practice nurse can make modifications. The local Adult Services staff should not make any changes, including additions, to the form.

## **2.2 Relationship to Other Department Social Services**

Refer to Adult Protective Service and Foster Care Policy:

### ***Adult Request to Receive Services***

If there is an active Adult Residential or a Health care Surrogate case on an individual that needs a Guardian appointed, a Request to Receive Intake must be completed, and the referral

accepted. After intake, the Initial Assessment is to be shown as an incomplete assessment and associated to the open Request to Receive case and appropriate merging of client ID numbers completed. The Adult Residential case would be the primary case type and the Health Care Surrogate or Guardianship case would be the secondary case type.

If there is an active Guardianship case, appointment of a Health Care Surrogate would not be necessary.

### ***Adult Protective Services***

While a Guardianship or Health Care Surrogate case may be open as a result of involvement with Adult Protective Services, these two case types must remain separate. In this instance, a Request to Receive Intake must be completed, as well as the Initial Assessment and a Guardianship or Health Care Surrogate case opened separate from the APS case. These cases must be associated, and appropriate merging of client ID numbers completed.

### ***Foster Care Services***

Whenever a child is in Foster Care and it is determined that he/she lacks medical decision-making capacity, the Department may be appointed as Health Care Surrogate once the child reaches age 18.

Whenever a child is in Foster Care and it is apparent that they will need a Guardian when they reach age 18, the Department may petition for Guardianship, provided no one else is willing, able, and appropriate to serve. The petition process may begin when the child reaches age 17 years and 10 months.

The Adult Services worker is to be included in the planning process beginning and when the child reaches age 17. The Adult Services worker will be an informal member of the Multi-Disciplinary Team (MDT) and will be identified as the secondary worker when the child reaches age 17 years six months.

If the plan is for a Guardianship petition to be filed and the Department appointed Guardian, a Request to Receive Intake must be completed when the child reaches age 17 years and 10 months. After completion of the Intake, the Initial Assessment must be completed, and a Guardianship case opened separate from the Foster Care case. These cases must be associated, and appropriate merging of client ID numbers completed.

When the Department has a client 17 years of age in placement and is looking at Adult Services becoming Guardian at 18 years of age, there may be situations that it is in the clients best interest to place the minor client in an adult placement. The general rule in Foster Care and Juvenile Service is that children and adults cannot be placed together in the same facility. There are exceptions to this rule. Children transitioning to Adult Services can be placed in an Intermediate Care Facility for Individuals with Intellectual Disabilities Program (ICF/IID) or other similar facilities even though the facility may not already be entered into CCWIS. The Department should always place clients where and with whomever is in their best interest. The Payment and Vendor Maintenance Department at the State office (304) 558-0997 has the responsibility of

entering the provider into CCWIS in these situations. The Payment Vender and Maintenance Department has the ability to enter the non-paid providers into CCWIS that are not licensed by child welfare such as the ICF/IID facilities. Certain information must be received prior to the Payment Vender and Maintenance Department can enter the information. The Adult Service worker needs to complete a W-9 concerning the provider and then attach it to The CCWIS Provider Form. Both the W-9 and The CCWIS Provider Form are accessible through the Financial Clerk at the local DHHR office. The CCWIS Provider Form along with the W-9 then needs to be mailed to the state office Payment Vender and Maintenance Department.

**Note:** The Department as the appointed Guardian can sign an FC-18 to allow the protected person to stay in certain placements if it is in the client's best interest. The protected person must not sign the FC-18.

### **2.3 Required Information**

During the Intake process, information gathered must be as complete and thorough as possible. The individual identified as the "alleged protected person" in the intake process will become the "Adult Services client" within CCWIS and will be reflected as such in the assessment and in the case areas. At a minimum, the following information must be gathered during the intake process and documented in CCWIS.

### **2.4 Substitute Decision-Maker Referral**

Information that must be collected when a Guardianship or Health Care Surrogate referral is received for an individual includes the following:

- Name(s) of adult;
- County of residence;
- Current location of the adult;
- Age/date of birth of adult;
- Name of the facility (if applicable);
- Contact person at the facility (if applicable);
- Address of the adult's home or facility;
- Phone number for the adult;
- Type of facility;
- Directions to the home or facility;
- Name(s) and address' of all known individuals who may be able, willing, and appropriate to serve as Guardian;
- Name(s) and address' of all known individuals who are currently serving in a decision making capacity;
- Other individuals involved in or who have knowledge of the adult's circumstances;
- Information about any existing advance directives, if known;
- Physical description of the adult;
- Psychological description of the adult;
- Name of referent or indication that referral was made anonymously if the referent is unwilling to give their name;

## WV Substitute Decision-Maker Policy

- Referent address and telephone number;
- Relationship of the referent to the adult;
- How the referent knows of the information being reported and client's needs; and,
- Any other relevant information.

In situations where referrals are received involving more than one household member as needing services (i.e., both a husband and his wife), each individual must be entered as a separate referral and opened as a separate case. Appropriate associating of these intakes and cases and merging of client ID numbers, where appropriate, must be completed.

At the conclusion of gathering the referral information, the Intake worker may indicate if the information reported constitutes imminent danger or emergency situation or a potential for danger requiring prompt attention by the supervisor. Selection of this choice will trigger a response time of "within five days". If there is no indication that either imminent danger or potential danger exists, CCWIS will default to a 14 days response time. If the Intake worker indicates that there is imminent danger or there is a potential for imminent danger, he/she must document the reason(s) for this determination. The final determination regarding assignment of the appropriate response time rests with the supervisor. See Subsection 2.5 Referral Triage/Disposition and Subparagraph Response Times for additional information.

When all referral information is gathered and documented in CCWIS, a search of the CCWIS system must be completed to determine if there are other referrals, assessments, and cases for the identified client. Appropriate associating of Intakes and cases and merging of client ID numbers must be completed. The referral is then to be forwarded to the appropriate Adult Services supervisor for further action.

### **2.5 Referral Triage/Disposition**

The supervisor is the primary decision-maker at the intake stage of the Substitute Decision-Maker casework process. The supervisor's role includes 1) ensuring that all referrals are appropriately considered to determine if the referral is to be assigned for an Adult Services Initial Assessment or screened out and 2) for those assigned for assessment, determination of the required response time for the initial contact based on the degree of risk indicated in the referral information. Screening of the referral is to be done promptly, but in no instance is screening of the referral to exceed 10 calendar days from the date of referral.

#### **Screening Decision**

##### **The supervisor will:**

- Review the information collected at intake for thoroughness and completeness;
- Identify and verify the type of referral;
- If not previously completed by intake worker, conduct a search of the CCWIS system to determine if other referrals, assessments, or cases already exist for the identified client;

## WV Substitute Decision-Maker Policy

- Create associations in CCWIS between the current referral and other referrals, assessments, investigations, and cases as appropriate, as well as merging all duplicate client ID numbers; and,
- Determine if the referral will be accepted for an Initial Assessment or if the referral will be screened out and not accepted. In determining whether to accept a Guardian/Health Care Surrogate referral or screen out the referral, the supervisor must consider:
  - The presence of factors which present a risk to the adult;
  - The information related to the identified client and their current circumstances;
  - Whether the information collected appears to meet the eligibility criteria for Guardianship or Health Care Surrogate services;
  - The sufficiency of information to locate the individual or family; and,
  - The motives and truthfulness of the reporter.

### ***If the referral is accepted:***

- Determine the appropriate response time for the referral based on the information presented on the intake; and,
- Assign the referral for Initial Assessment.
- If the referral is screened out:
  - Document the decision regarding screening;
  - Document the reason(s) for the screen-out decision; and,
  - Make referrals to other resources within and outside of the Department, if appropriate.

### ***Response Times***

A face-to-face contact must be made with the alleged protected person within 14 days from the date the referral is received by the agency. Depending on the degree of risk to the client's health, safety and well-being, contact with the adult may require a face-to-face contact in less than 14 days. The policy rules for determining response time are as follow:

- Response - Within 5 Days – This time frame will apply in cases where it is determined that, based on the referral information, a situation where a prompt response is critical (A situation or set of circumstances which present a substantial and immediate risk to the alleged protected person). A face-to-face contact with the alleged protected person must be initiated within 5 days. This contact is to occur in the adult's usual living environment whenever possible.
- Response - Within 14 Days – This time frame will apply in cases where it is determined that, based on the referral information, a situation where a prompt response is critical does not currently exist or is not expected to develop without immediate intervention. A face-to-face contact with the alleged protected person must be initiated within 14 days. This contact is to occur in the adult's usual living environment whenever possible.

**Note:** If "Time Critical Need" is selected by the intake worker, CCWIS will trigger a response time of "5 days". If this is not selected by the intake worker, the response time will default to the

“within 14 days” response time. The supervisor can change the response time recommended by the worker if this is done prior to the supervisor’s approval of the intake.

### ***Considerations in Determining Response Time***

In determining the appropriate response time, the supervisor should consider the following:

- Whether the information reported indicates the need for an expedited response;
- Whether the alleged protected person has decisional capacity;
- The location of the alleged protected person at the time the intake is received;
- The impact of intervention
- Whether the circumstances that exist could change rapidly;
- Whether the living arrangements are life threatening or place the adult at risk;
- Whether the alleged protected person requires medical attention;
- Whether the alleged protected person is without needed assistance or supervision;
- Whether the alleged protected person is capable of self-preservation and protection;
- Whether the alleged protected person is isolated socially or geographically;
- Whether there are indications of family or domestic violence;
- Whether the adult/family is transient or new to the community;
- Whether the adult is currently connected to any formal support system;
- Whether there are any family or friends available for support;
- Whether there is a caregiver, and if so, are they physically, cognitively and emotionally able to provide needed care to the adult;
- Whether there is a past history of referrals or current referrals requesting assistance;
- Whether there are injuries
- Once the supervisor has made a determination regarding the response time they will:
- Document the decision in CCWIS indicating the selected response time and the date of this decision;
- Assign the referral to an Adult Service worker to begin the Initial Assessment; and,
- Follow-up to assure that the assigned Adult Services worker adhered to the designated response time.

## **SECTION 3 Assessment**

### **3.1 Adult Initial Assessment**

Once the referral is assigned to an Adult Service worker, completion of the Initial Assessment is to begin promptly and must be completed and documented in CCWIS within 30 days. Completion of the Initial Assessment involves gathering a variety of information about the client and their current status.

Once the referral is assigned to an Adult Services worker, work on the Initial Assessment is to begin promptly and must be completed and documented in CCWIS within 30 days. Completion of the Initial Assessment involves gathering a variety of information about the client and their current status.



### ***Information Gathered by Conducting a Series of Interviews***

Information is to be gathered by conducting a series of interviews. Interviews should be conducted with the following to gain enough information to make a qualified and informed decision. At a minimum, the worker must interview:

- The client;
- Caregiver (if applicable);
- Potential substitute decision-maker;
- Others' having knowledge of the situation

### ***Initial Process for Substitute Decision-Maker Services***

Information gathered during the Initial Assessment will be focused on determining the following:

- The level of risk the client's circumstances presents to their well-being and safety;
- Whether or not Substitute Decision-Maker Services are indicated;
- If Substitute Decision-Maker Services are not indicated, what other services may be needed;
- The availability of persons willing, able, and appropriate to serve as substitute decision-maker; and,
- The role the Department is to play beyond the Initial Assessment.

In addition to gathering information, several critical questions must be considered when completing the Initial Assessment to determine whether the case is to be opened for Substitute Decision-Maker Services or the Initial Assessment is to be closed.

### ***Additional Information for Initial Assessment***

Critical information to determine whether the Guardianship case is to be opened or closed includes the following:

- Is the alleged protected person safe or can their safety be arranged or assured through resources available resources? (Resources include financial, social, familial, etc.);
- Does the alleged protected person appear to have or lack decision-making capacity?
- What type of decisions does the alleged protected person need assistance with? (health care only, some or all personal, some or all financial);
- How long is it anticipated that the alleged protected person would need assistance with decisions? (health care only, some or all personal, some or all financial);
- Does the alleged protected person have an acting substitute decision maker? (Guardian, Conservator, De facto Guardian, De facto Conservator, Health Care Surrogate, Medical Power of Attorney, Power of Attorney, Representative Payee, etc.); Does the alleged protected person have any advance directive in effect? (Living Will, DNR, Power of Attorney, Medical Power of Attorney, etc.);
- If Guardianship Services will not be provided, are referrals to other resources needed?

## **3.2 Time Frames**

Time frames for initiation of the Initial Assessment are determined by the supervisor. It is critical that the Adult Service worker complete a face-to-face contact within the assigned time frame.

The options are “within five days” and “within 14 days”. This contact is to be documented in CCWIS within 3 business days of completion of the contact. Documentation is to be pertinent and relevant to carrying out the activities necessary to complete the Initial Assessment.

The Initial Assessment process, including all applicable documentation in CCWIS, must be completed within 30 calendar days from the day the referral is received. In order to complete the Initial Assessment process, in addition to the identified client, the caregiver (if applicable), current decision-makers (if applicable), potential decision-makers, involved family members, and all other relevant parties must also be interviewed.

### **3.3 Extension Beyond Allowable Time Frame**

Due to the critical nature of Guardianship Services, it is essential that face-to-face contact with the alleged protected person be made by the Adult Service worker within the response time assigned by the supervisor. No extensions will be granted for the face-to-face contact beyond the assigned time frame. In unique situations, extenuating circumstances may exist that prevent the Adult Service worker from meeting the applicable time frames for completion of the Initial Assessment within the allotted 30 days. Should additional time be necessary in these rare situations, the Adult Service worker must request an extension on the Extension Screen. This request must be submitted to the supervisor prior to the end of the 30 day period for completion of the Initial Assessment. At a minimum, this request must clearly state the following:

- Explanation of why the assigned time frame cannot be met;
- Statement of the extenuating circumstances that exist;
- Estimation of the amount of additional time required (not to exceed 14 calendar days)

The supervisor will review the request and render a decision on or before the due date for completion of the Initial Assessment. In no instance, shall an extension exceed 14 calendar days beyond the due date of the Initial Assessment.

### **3.4 Assessing Eligibility**

#### ***Adult Guardianship***

For an individual to be eligible to receive Adult Guardianship Services provided by the Department, the following criteria must be met:

- Age 17 years and ten months or older for a Guardianship case and 18 years of age for a Health Care Surrogate case;
- A resident of West Virginia or physically located within the state.
- Impaired decision-making to the point that a substitute decision-maker is believed to be needed
- Decision-making assistance extends beyond health-related decisions only;
- No one willing, able, and appropriate to serve; and,
- Have no known Advance Directive duly executed and in effect or an advance directive is in effect, but it does not adequately meet the individual’s needs.

### ***Health Care Surrogate***

Health Care Surrogate requires Whenever the Department receives a request to serve as Health Care Surrogate, the worker must thoroughly explore all individuals who may be able to serve in this capacity. This exploration is to include receipt of and review of information documented on the Appointment of Health Care Surrogate form about individuals who were previously contacted by the appointing medical professional to serve and the outcomes of those contacts. Any potential candidate is to be contacted by the medical professional prior to requesting appointment of the Department. Until written documentation is received and reviewed, the Department is not to accept appointment as Health Care Surrogate. If there is any available candidate(s) who is willing, able, and appropriate to serve, the Department should encourage them to accept appointment rather than the Department being appointed. The Department should not accept appointment as Health Care Surrogate if there is an appropriate candidate who is willing and able to serve.

**Note:** West Virginia State Code specifies the individuals who are to be considered for appointment and the order of priority for consideration. The Department is not to be appointed until all potential candidates have been contacted.

Individuals who are to be considered prior to appointment of the Department are:

- Spouse;
- Adult children;
- Parent(s);
- Adult siblings;
- Adult grandchildren;
- Close friends; and,
- Any other person/entity, including but not limited to public agencies, public Guardians, public officials, public and private corporations and other persons or entities which DHHR may from time to time designate (this is the category under which DHHR is authorized to serve).

Parties who may NOT serve as a Health Care Surrogate include:

- Treating health care provider of the individual;
- Employees of the treating health care provider, not related to the individual;
- Owner, operator or administrator of a health care facility serving the individual; and,
- Employees of the owner, operator or administrator of a health care facility, not related to the individual (Adult Family Care, Medley Specialized Family Care, Assisted Living facility, Nursing Home, etc. are included in this category).

### **3.5 Decision-Making Capacity**

Based on the information gathered during the Initial Assessment, the Adult Service worker is to determine as to whether or not the client appears to have the capacity to make independent decisions and understand the consequences of those decisions and to act on these decisions to meet his/her needs. The determination of the client's decision-making capacity is to be

documented in CCWIS. If the Adult Service worker believes that the client lacks decision making capacity, the reason for this conclusion must also be documented. Documentation must include information regarding a legal determination of incapacity, if applicable, or worker observations leading to this conclusion if there is no indication that there has been a legal determination. Observations may include but are not limited to physical, medical, and emotional conditions as well as orientation to time, place, person, and situation.

Health Care Surrogate also requires written documentation, completed by the adult's physician, psychologist or advanced nurse practitioner. The documentation must be obtained during the Initial Assessment phase verifying that the client lacks the capacity to independently make health care decisions.

Individuals requiring treatment for mental illness or addiction, as opposed to treatment of physical needs, who have been determined by their attending physician or a qualified physician to be incapacitated, a second opinion by a qualified physician or psychologist that the person is incapacitated is required before the attending physician is authorized to select a surrogate. When the Department has accepted the appointment of Health Care Surrogate the Department Adult Service worker should give the appointing medical professional a copy of the Appointment of Health Care Surrogate form with the Departments accepting signature for appointment.

### **3.6 Assessment of Risk**

A critical component of the Initial Assessment process is determining whether or not the alleged protected person is at risk of injury or harm. This determination is made based on the client's circumstances, reported on the referral and/or observed during the Initial Assessment. Examples of circumstances that may exist that could be an indication of risk, include the following:

- No established residence;
- Inadequate or substandard housing;
- Suicidal gestures or statements;
- Self-destructive behavior;
- Violent or physically aggressive;
- Confused or disoriented;
- Misuse/abuse of alcohol or drugs;
- Behaviors that provoke a serious reaction from others;
- Peer relationships reinforce or promote problematic behaviors;
- Client's behavior is a threat to self or others;
- Family members are violent to each other; and,
- Lack of support system.

This is not intended to be an all-inclusive list. Further, the presence of any one or combination of these in and of itself would not mean that risk is present in every case. It is essential to consider all of the client's circumstances in making a determination about the presence or lack of risk to the client and to document these findings on the appropriate screens in CCWIS.

### **3.7 Short-Term Service Planning**

As the final part of the Initial Assessment, the Adult Service worker is to develop a short-term Service Plan.

#### ***Requirements for Service Planning***

Requirements for a short-term Service Plan may include:

- A case will be opened for any social service; or,
- A case will not be opened for any social service but there is some additional follow-up that is required in order to bring the Initial Assessment to resolution.
- Consideration is to be given to both short- and long-term planning including planning for eventual discharge from Guardianship Services as appropriate these 2 situations are described below:
- Department will provide social services beyond Initial Assessment
- In this situation, the short-term Service Plan is to briefly document the tasks that are to be accomplished in the immediate future. This plan should be of a very limited duration and should in no instance exceed 30 days. This plan will be in effect until the Comprehensive Assessment and regular Service Plan are completed.
- Department will NOT provide social services beyond Initial Assessment
- In this situation, the short-term Service Plan is to document the tasks that have been accomplished during the Initial Assessment process. A brief statement of the task is to be documented on the plan (i.e., referral for in-home services, referral for home delivered meals, etc.).

Information to be gathered for the Service Plan should include:

- Who was contacted;
- When contact was made; and,
- The results of the contact(s) are to be made on the Contact Screen in CCWIS. In this situation, the short-term Service Plan will end at the point the Initial Assessment is approved and closed.

**Note:** The short-term Service Plan is primarily intended to be a way for the worker to document what tasks the Agency has or will implement until the Initial Assessment is completed or prior to completion of the regular Service Plan. This may also include tasks assigned to other parties. It is part of the Initial Assessment and does not require signatures.

### **3.8 Conclusion of Initial Assessment**

The final step in the Initial Assessment process is to determine, based on the information gathered, whether or not Guardianship or Health Care Surrogate Services provided by the Department are needed and a case opened.

#### ***If the Department is to Petition for Appointment of a Guardian***

For a Guardianship case to be opened, the adult must meet the criteria in either A or B below:

- If the Department is planning to petition for appointment of a Guardian the client must:

## WV Substitute Decision-Maker Policy

- Be at least 17 years, 10 months of age;
- Be a West Virginia resident;
- Lack decision making capacity as determined by a physician/psychologist's evaluation, or appear to have impaired decision-making capacity which should be evaluated by a physician or psychologist;
- Need assistance with personal decisions in areas not limited to health related decisions;
- Have no known advance directives duly executed and in effect;
- Have no known person who is willing, able, and appropriate to serve as Guardian; and,
- Have been determined by the Circuit Court to meet the definition as a "protected person" and to be in need of a Guardian and/or Conservator or the Department is preparing to file a petition for appointment of a Guardian.

If the Department is planning to assist an interested person in petitioning for appointment of a Guardian and/or Conservator, the client must:

- Be at least 17 years, 10 months of age;
- Be a West Virginia resident;
- Lack decision making capacity as determined by a Physician / psychologist's evaluation, or appear to have impaired decision-making capacity which should be evaluated by a physician or psychologist;
- Have one or more person who is willing, able, and appropriate to serve as Guardian and/or Conservator; and,
- Have an interested person who is preparing to file a petition for appointment of a Guardian and/or Conservator with the Department's assistance. (The intent in this situation is that the Department will not be appointed, however, this is ultimately the court's decision).

For a Health Care Surrogate case to be opened, the adult must have been determined to meet the following criteria:

- Be at least 18 years of age;
- Be a resident of West Virginia or physically located within the state;
- Have been determined by a qualified physician, qualified psychologist or advance practice nurse to lack decision making capacity;
- Need assistance with health care decisions;
- Have no known advance directive duly executed and in effect or an advance directive is in effect, but it does not adequately meet the individual's needs;
- Have no known person who is willing, able, and appropriate to serve as Health Care Surrogate;
- Have been determined by a qualified physician or advance practice nurse to be in need of a Health Care Surrogate and have appointed the Department to serve; and,
- Receipt by the Department of the completed Appointment of Health Care Surrogate form, which includes written verification of potential surrogates who were contacted prior to appointing the Department and the results of those contacts.

**Note:** In a situation where all the individual needs is information and general guidance about where and how to file a petition, the Initial Assessment may be closed after this information is provided. It is not necessary to open a Guardianship case in this situation. Conversely, if the person needs significant assistance and guidance throughout the petitioning and court process, a Guardianship case should be opened. Whenever the Department will be accepting appointment as Health Care Surrogate, the original, signed Appointment of Health Care Surrogate form must be filed in the client's paper record and recorded in Document Tracking in CCWIS. Faxed copies are not considered to be an original. The Department can receive fax copies to initiate decision making capability but the original needs to be requested and filed. Also, whenever the Department will be accepting an appointment as Health Care Surrogate the Department of Health and Human Resources must be appointed not the individual Adult Service worker or local DHHR county office.

### ***Disposition of Referrals/Assessments***

The following requirements apply regarding disposition of Guardianship and Health Care Surrogate referrals/assessments:

- If the client meets all the eligibility criteria and the Department will be filing for appointment of a Guardian or If the client meets all the eligibility criteria and the Department will be accepting appointment as Health Care Surrogate the case **MUST** be opened for Guardianship or Health Care Surrogate Services;
- Any time an individual is open in the CCWIS system for multiple case types under Request to Receive Services, (i.e., Adult Residential, Guardianship, Health Care Surrogate, and Homeless), the case type with associated payments takes priority. If none of the case types have associated payments, Guardianship or Health Care Surrogate Services will be the primary case type. In the CCWIS system, the worker cannot have a Health Care Surrogate and Guardianship case as primary or secondary to each other.
- If the worker is unable to complete an Initial Assessment for a legitimate reason (death of client, unable to locate/moved out of state, already an existing advance directive/surrogate decision-maker, etc.) it should be recorded as an incomplete assessment in CCWIS.

**Note:** If the Department is able to identify an individual who is willing, able, and appropriate to serve as Health Care Surrogate during the course of completing the Initial Assessment, the assessment is to be completed and then closed without opening a case.

### **3.9 Initial Assessment Disposition Options**

When the Initial Assessment is completed, all the information and findings are to be documented in CCWIS. All areas identified as a problem area in the Initial Assessment process must be addressed on the Service Plan. The Adult Service worker will then submit the Initial Assessment, along with their recommendation about disposition of the assessment, to the supervisor for approval. The possible dispositions available to the Adult Service worker are:

- Close the Initial Assessment and open a Guardianship or Health Care Surrogate case;

- Close the Initial Assessment and refer to other resources (internal or external to Department);
- Close the Initial Assessment with no additional action needed; or,
- Close the Initial Assessment as incomplete.

The disposition shall be based on all the information gathered during completion of the Initial Assessment. From this information, the Adult Service worker will determine eligibility of the client for Guardianship or Health Care Surrogate Services provided by the Department. Notification of the disposition is to be provided to the requester of services and the client by completion of the Notification of Application for Social Services (SS-13) and saved to the file cabinet in CCWIS.

### **3.10 Assessment Prior to Case Closure**

A final evaluation must be completed as part of the Case Review process prior to closure of the Guardianship or Health Care Surrogate case. Upon completion of the final review, the Adult Services worker must document the results of this review in CCWIS and submit to the supervisor for approval of recommendation for case closure. Upon supervisory approval, the case is to be closed for Health Care Surrogate services. Case closure in CCWIS is to be completed promptly but no later than 30 days following completion of the final evaluation and review.

**Note:** It is essential that all documentation in the case be completed prior to closure of the case, including but not limited to the end dating of all tasks on the Service Plan.

## **SECTION 4 Case Plan**

### **4.1 Service Planning**

Following completion of the Comprehensive Assessment process, a Service Plan must be immediately developed to guide the provision of services in the ongoing stage of the case, and should give consideration to both short and long term planning including planning for eventual discharge from Guardianship or Health Care Services as appropriate. Service planning must be primarily directed toward meeting the needs of the Guardianship or health care services client. In developing a Service Plan, consideration should be given to the major service needs that exist as well as the strengths of the protected person, their expressed wishes and personal values, and their best interest if their personal wishes are not known and cannot be determined. Based on the circumstances, it may also be appropriate to include a plan to reduce risk and assure safety of the adult. Services needs are to be addressed in priority order beginning with the most emergent issues.

Development of the Service Plan is to be based on the findings and information collected during the assessment and evaluation processes (i.e. Initial Assessment, Comprehensive Assessment, case review) as well as any specific requirements set forth by order of the court. Based on the information gathered, goals must be identified and set forth in the Service Plan. These will provide the milestones for assessing progress and success in the implementation of the plan. The Service Plan provides a written statement of the goals and desired outcomes related to the



conditions identified through the assessment processes. Each area identified in the Initial Assessment as a “problem area” must be addressed in the Service Plan.

Development of the Service Plan is to be a collaborative process between the Adult Service worker, the client, and others such as financial representative, residential provider, family members and service providers. For adults who are in a supervised living setting, the adult may have more than one plan directing their care. The plan between the Department, the client and other relevant parties is to specifically address the goals and objectives related to carrying out the duties as Guardian or Health Care Surrogate. This may include tasks such as referral and linkage with appropriate resources, maintenance in the most integrated placement setting, addressing medical/social needs not addressed by the supervised living setting and others. It is not necessary to duplicate the details contained in the facility/agency plan, but the Department’s plan should address whether or not the facility/agency meets the adults needs. A copy of the facility/agency plan should be filed in the client’s paper record and its location recorded in Document Tracking. Those individuals who were involved in the development of the Department’s Service Plan should also be involved in making changes/modifications to the plan. The Service Plan is to be reviewed on an ongoing basis and updated at least every six (6) months in conjunction with the formal Case Review process. In addition, the Service Plan may be updated more frequently as appropriate. Those individuals who were involved in the development of the Department’s Service Plan should also be involved in making changes/modifications to the plan. The worker must document the details of the Service Plan in CCWIS, clearly and specifically delineating the plan components. When completed, forward to the appropriate supervisor for approval. After review by the supervisor, a copy of the Service Plan is to be printed and required signatures obtained. In the event an individual refuses to sign or is unable to sign, the worker should make a notation explaining why the signature was not obtained. Required signatures include the client or his/her legal representative(s), (if applicable), a representative from the supervised living setting, (if applicable) and all other responsible parties identified in the Service Plan. The signed copy is then to be filed in the client record and the location documented in CCWIS. A copy of the completed, signed Service Plan is to be provided to all of the signatories. The Adult Service worker would also need to save the document to Document Tracking and the file cabinet of the case.

#### **4.2 Inclusion of the Incapacitated Adult in Service Planning**

Inclusion of incapacitated adults in the Service Planning process presents the Adult Service worker with some unique challenges. Although determined to lack decision-making capacity, the client may have the capacity to participate in the development of the Service Plan and should be permitted and encouraged to participate in its development to the extent they are able, including signing of the completed document. Some special considerations for the Adult Service worker include the following:

- The substitute decision-maker is charged with the responsibility of acting in accordance with the known or expressed wishes and values of the protected person to the extent possible, and when their wishes and values are not known, acting in their “best interest”. When the “best interest” of the adult is in conflict with their expressed wishes, the final

decision rests with the substitute decision-maker and should take into consideration the client's values, strengths, and limitations.

- When the Department has been appointed by the court to serve as Guardian and the adult also has a financial decision-maker (Conservator, representative payee, etc.) this representative must be respected as the spokesperson for the client's financial matters. Generally, their consent must be obtained in financial matters included on the Service Plan. If it appears that the acting or appointed financial decision-maker is unwilling or unable to fulfill their obligations, which negatively impacts the provision of needed health care for the client, the Service Plan must address seeking a change in the client's financial decision-maker.
- When the client has an ongoing informal support that will be continuing as part of the Service Plan (e.g., relative, neighbor, friend, etc.), this individual should be included in the service planning process and may sign the Service Plan. The relationship of the informal representative is to be documented in the client record.
- The situations listed above are the most likely to occur and require consideration by the Adult Service worker. Variations, however, may occur and could require consultation between the Adult Service worker and his/her supervisor to determine the most appropriate approach.

### **4.3 Determining the Most Integrated Level of Intervention**

In the provision of services to adults, the principle is well established both in law and policy that the least intrusive means of intervention should always be used. When applying this principle to individual situations there is some discretion in determining the appropriateness of the manner in which the Department intervenes in the life of the client and the level of care/assistance required in order to meet the client's needs. Intervention is to begin with the least intrusive approach that is appropriate to meet the client's needs. Intervention is to move from the least intrusive to the most intrusive option(s).

The principle of most integrated intervention requires a commitment to the maximum level of self-determination by the client. The client should be permitted and encouraged to participate in the decision-making process to the extent of their ability. Substitute decision-makers should participate within the scope of their authority. The Service Plan is used to document these choices and to ensure the integrity of the decision-making process.

It is important to clearly document the efforts made to assure the most integrated level of intervention. In the event these efforts are unsuccessful, this fact and the reason(s) they were not successful must also be clearly documented in the case record.

### **4.4 Required Elements – General**

The Service Plan must contain all the following components to assure a clear understanding of the plan and to provide a means for assessing progress:

- Specific criteria which can be applied to measure accomplishment of the goals;
- Specific realistic goals for every area identified as a problem, including but not limited to those identified through the assessment processes, such as the identification of the

person or persons for whom the goal is established, person, persons, or agency responsible for carrying out the associated task, identification of services, and the frequency and duration of services;

- Specific tasks will be required to accomplish the goal or goals. These are tasks or activities designed to help the client progress, should be very specific, and should be stated in behavioral terms (as to what action is to occur i.e. Mary Jones will attend adult day care at least once weekly to improve interpersonal skills). These tasks should be monitored frequently; and,
- Identification of the estimated date for goal attainment, if applicable. This is a projection of the date that the worker and client expect that all applicable tasks will be achieved and that minimal standards associated with change will have been attained.

#### **4.5 Other Considerations for Service Planning**

The Service Plan must also take into consideration other elements to be effective for the client. Those items include the following as a baseline:

- The client's real and potential strengths;
- Client's known and expressed wishes and values;
- Attitudes, influences and interpersonal relationships and their real or potential impact on implementation of the Service Plan;
- The circumstances precipitating involvement by the Department;
- Availability/accessibility of client resources including human resources such as family and friends; and,
- Levels of motivation.

#### **4.6 Developing a Plan to Reduce Risk/Assure Safety**

When it is determined through the assessment process that risk factors exist which compromise the safety of the adult, the identified problem areas must be addressed in the Service Plan. When developing a plan to assure safety of the client, it is important to involve them in the discussion of the behaviors which are problematic, options for managing the behaviors and, the formalization of a plan to address the behaviors and their cause(s). In situations where it is necessary to remove the adult from their current residence in order to assure their safety, the following should occur:

- Identify the conditions that establish or support the need for a change in placement;
- Identify the recommended alternate placement arrangement;
- Identify the anticipated duration of the alternate placement arrangement;
- Describe arrangements for visitation with family and friends, including any restrictions, if applicable; and,
- Describe the efforts that have been made to prevent a change in placement and the results of these efforts.

#### **4.7 Developing/Implementing a Plan for an Adult in a State Operated Facility**

In order to improve communication between WVDHHR and the state operated facility the local assigned worker, the Adult Service Supervisor, and Community Service Manager (CSM) must be

included in the treatment planning process. Notifications are to occur by email including assigned worker, adult service supervisor and Community Service Manager. If there are issues concerning treatment plan meetings being rescheduled, changed and/or not occurring without proper notification given to staff the local worker needs to notify their direct supervisor immediately. Upon being notified the local Adult Service Supervisor should attempt to resolve any issues directly with appropriate hospital staff. If further action is needed the adult service supervisor must notify their regional adult service consultant and district CSM.

## **SECTION 5 Case Management**

### **5.1 Introduction**

Case management is the ongoing service provided by the Department for clients who have been opened for Adult Guardianship or Health Care Surrogate Services. It consists of identification of problem areas, identification of appropriate services and resources to address the identified problems, referral of the client to appropriate service agencies, and coordination of service delivery. In addition, the Department as Guardian is responsible for making decisions related to personal matters of the protected person as set forth in the Order of Appointment and Health Care Surrogate is responsible for making decisions related to health care matters for the adult. While the Department does have an obligation to make decisions on behalf of the client and when appropriate make recommendations regarding services and assistance that are appropriate to address identified needs, the substitute decision-maker cannot force the client to accept or comply with recommended services.

**Note:** Anytime the Department, as Guardian or Health Care Surrogate, signs any document, it must include a disclaimer that clearly states that the Department is not accepting any financial responsibility for these arrangements. Signature should be “West Virginia Department of Health and Human Resources by (worker’s name)”.

### **5.2 Comprehensive Assessment**

A thorough assessment must be completed for each individual who is opened for Guardianship or Health Care Surrogate Services. To develop a detailed understanding of the client and his/her needs, a Comprehensive Assessment must be completed. For substitute decision-maker cases, information gathered while completing the Initial Assessment will carry forward into the case area of CCWIS to create the first Comprehensive Assessment. The Adult Service worker will use the information gathered during completion of the Comprehensive Assessment as the basis for the client’s Service Plan. The Comprehensive Assessment screens will not necessarily reflect all of the information outlined in the following sections. It is appropriate to gather all of the following information as part of the assessment process. The information will be documented on the Comprehensive Assessment screens as well as various other screens in CCWIS.

### **5.3 Time Frames**

A Comprehensive Assessment, including the development of the Service Plan, must be completed for each individual who is opened for Guardianship or Health Care Surrogate Services. This assessment must be completed within 30 calendar days following the date the case is opened. A

new Comprehensive Assessment must be completed annually. Changes that occur in the client's circumstances before the next annual completion of the Comprehensive Assessment are to be documented as a modification to the existing Comprehensive Assessment and are to be documented within forty-eight (48) hours of the time the worker becomes aware of the change.

## **5.4 Information to Be Collected**

### ***Identifying Information***

Demographic information about the client, his/her family and his/her unique circumstances is to be documented. Information about individuals with whom the client has a relationship should be documented on the client screens and on the collateral screens as appropriate. This includes information such as (not an all-inclusive list):

- Address (mailing and residence);
- Date of birth/age;
- Household members;
- Other significant individuals;
- Current legal representatives/substitute decision-makers (if applicable);
- Potential decision-makers and indication of their willingness to serve;
- Identification numbers (SSN, Medicaid, Medicare, SSA Claim, etc.);
- Gender/ethnicity;
- Marital status;
- Advance directives in effect; and,
- Directions to the home.

### ***Services Requested***

Document the specific service(s) being requested. This should include information such as the following:

- The specific type(s) of assistance being requested;
- Why assistance is being requested;
- How are needs currently being met

### ***Living Arrangements***

Documentation of information about the client's current living arrangements should include information about where the client currently resides such as the following:

- Client's current location (own home, relative's home, hospital, etc.);
- Is this setting considered permanent or temporary;
- Type of setting (private home or residential facility);
- Household/family composition;
- Physical description of residence (single family dwelling, duplex, townhouse, apartment, retirement community, foster home, group home, nursing facility, etc.);
- Interior and exterior condition of the residence;
- Type of geographic area (rural, urban, suburban, etc.); and,
- Access to resources such as family or friends, transportation, shopping, medical care and services, social and recreational, religious affiliations, etc.

### ***Client Functioning***

Documentation of information about the client's personal characteristics should include information about how the client's personal needs are currently met, including an assessment of their strengths, needs and supports in areas such as:

- Activities of daily living (ADL);
- Whether or not his/her needs are currently being met and by whom;
- Caregiver functioning, if applicable;
- Ability to manage finances;
- Ability to manage personal affairs;
- Ability to make and understand medical decisions; and,
- Assessment of decision-making capacity.

### ***Physical/Medical Health***

Documentation of information about the client's current physical and medical conditions should include a description of the client as observed by the worker during face-to-face contact, and information about his/her diagnosed health status.

Included are areas such as:

- Observed and reported physical conditions of the client;
- Primary care physician;
- Diagnosed health conditions;
- Current medications;
- Durable medical equipment supplies used/needed; and,
- Nutritional status.

### ***Mental/Emotional Health***

Documentation of information about the client's current and past mental health should include information about how the client is currently functioning, his/her current needs and supports, and his/her past history of mental health treatment involvement, if applicable. Included are areas such as:

- Current treatment status;
- Current mental health provider, if applicable;
- Mental health services currently receiving;
- Medication prescribed for treatment of a mental health condition;
- Observed and reported mental health and behavioral conditions; and,
- Mental health treatment history.

### ***Financial Information***

Documentation of information about the client's current financial status should include information about the client's resources and their ability to manage these independently or with assistance. Included are areas such as:

- Financial resources - type and amount;
- Other resources available to the client non - financial;
- Assets available to the client;

## WV Substitute Decision-Maker Policy

- Health insurance coverage;
- Life insurance coverage;
- Pre-need burial agreement in effect;
- Information about client's ability to manage his/her own finances;
- Outstanding debts and expenses;
- Court ordered obligation for child support/alimony; and,
- How and by whom finances are managed if client is unable to do so.

### ***Educational/Vocational Information***

Documentation of information about the educational and vocational training the client has received or is currently receiving should include information such as:

- Last grade completed;
- Field of study;
- History of college attendance and graduation;
- History of special licensure or training; and,
- Current educational and training needs.

### ***Employment Information***

Document of the information about the client's past and present employment such as:

- Current employment status;
- Current employer;
- Prior employment history; and,
- Current employment needs.

### ***Military Information***

Document of the information about the client's military history, if applicable, this should include information such as:

- Branch of service;
- Type of discharge received;
- Service-related disability, if applicable; and,
- Veteran eligibility for benefits (contact the local veteran representative).

### ***Legal Information***

Documentation of information about the client's current legal status should include information about all known legal representatives, and the specific nature and scope of that relationship.

This should include information such as:

- Assessment of client's decision-making capacity by the Adult Service worker;
- Information about legal determination of competence, if applicable;
- Information about efforts to have client's decision-making capacity formally evaluated; and,
- Identification of specific individuals who assist the client with decision-making

## **5.5 Conclusion of Comprehensive Assessment**

When the Comprehensive Assessment is completed, all the information and findings are to be documented in CCWIS. This along with the Service Plan that was developed as a result of the assessment findings are then to be submitted by the Adult Service worker to the supervisor for approval. Areas identified as problematic in the Comprehensive Assessment process are to be addressed on the Service Plan.

## **5.6 Appointment Process in a Guardianship Case**

Whenever an individual's ability to make decisions is impaired to such a degree that they are no longer able to make decisions on his/her own behalf without assistance, appointment of a substitute decision-maker may be necessary to aid in the decision-making process.

Petitioning Process:

### ***The Petitioner***

For a Guardianship case any interested person may file a petition to request the appointment of a Guardian and/or Conservator [WV Code §44A-1-8](#). The following individuals are specifically identified in State Code as persons who may file:

- The alleged protected person may file the petition on their own behalf;
- A person who is responsible for the individual's care or custody;
- The facility providing care to the individual;
- A person the individual has nominated to serve as Guardian and/or Conservator;
- A person acting as a De facto Guardian or De facto Conservator;
- Any other interested person; and,
- The Department of Health and Human Resources.

### ***When the Department is the Petitioner***

In situations where it is determined, based on the information gathered during the Initial Assessment process, that there is no one who is able, willing, and appropriate to serve as Guardian and/or Conservator, the Department may file a petition to be appointed to serve as Guardian. If a Conservator is required and there is no one willing, able, and appropriate to serve in this capacity, the petition should include a request that the local sheriff be appointed to serve as Conservator. If there is a committee already in place the Department does not have to file to remove the committee unless it is needed.

### ***When the Department is assisting Another Person with Petitioning***

In situations where it is determined that there is someone who is able, willing, and appropriate to serve as Guardian and/or Conservator, the Department may file or assist the individual in filing a petition requesting that they be appointed to serve as Guardian and/or Conservator. This determination will be made by the worker and supervisor based on the information gathered during the Initial Assessment process.



***When a Guardian is Needed for an Adult in a State Operated Facility***

The Department is able to file a petition to be appointed as Guardian for an individual who is currently a patient or resident in either a state operated psychiatric facility, or a state operated long term care facility. State operated psychiatric facilities include Sharpe Hospital and Mildred Mitchell Bateman Hospital. State operated long term care facilities include Jackie Withrow Hospital, Hopemont Hospital, Lakin Hospital, John Manchin Sr. Health Care Center and Welch Emergency Hospital. When a substitute decision-maker is needed for an adult in one of these facilities, it is the responsibility of the facility to first locate and arrange for a suitable decision-maker other than the Department. In doing so, the facility is expected to explore all potential individuals and entities that may be able to serve in a decision-making capacity and to document the results of these efforts. The Department also has the responsibility to look at all potential individuals who may be able to serve in a decision-making capacity for the protected person. If there is no other individual or entity to serve as Guardian, the Department can serve as Guardian. State operated facilities and their employees cannot serve as Guardian of the protected person, [WV Code §44A-1-8](#). The Department should be notified of hearings if the petition states that the Department is to be the recommended Guardian.

***Petitioning prior to the Alleged Protected Person's 18th Birthday***

There are provisions in the statute to permit the filing of a petition for appointment of a Guardian and/or Conservator prior to an individual reaching the age of 18. This may be appropriate when it is believed that, based on the youth's physical, mental and emotional capacity, it is likely they will meet the definition as a "protected person" at the time they turn 18. In this instance the petition may be filed when the youth is at least 17 years and 10 months of age. Generally, when the Department is considering filing a petition under these circumstances it will involve a youth who is in the Department's custody and in an out-of-home placement. The hearing may not be held more than 7 days prior to the youth's 18th birthday if the hearing is held before a Circuit Judge, and not more that 14 days prior to the youth's 18th birthday if the hearing is held before the Mental Hygiene Commissioner.

***Explore all Potential Guardians Prior to DHHR Filing a Petition***

Whenever the Department receives a request to serve as Guardian or to file a petition for the appointment of a Guardian or Conservator, the worker must thoroughly explore all individuals who may be able to serve in this capacity. If there is any available candidate(s) who is willing, able, and appropriate to serve, the Department should encourage them to petition and assist them with the petitioning process if this is necessary. The Department should not file a petition for the Department to be appointed Guardian if there is a candidate who is willing, able, and appropriate to serve.

***Completing the Petitioning Process***

When the Department is the petitioner for the appointment of a Guardian, the worker must file a Petition for Appointment of a Conservator/Guardian. When the original petition is being filed, the following process is to be used:

Complete the following forms:

- Petition for the Appointment of a Conservator/Guardian;

- Evaluation Report of a Licensed Physician/Psychologist, if this is available at the time of filing;
- If the Evaluation Report is not available at filing, submit a Motion For Leave to File Petition Without Evaluation Report when the petition is filed - if this option is used, the Evaluation Report must be completed and be available and filed with the Circuit Clerk and a copy provided to the attorney for the alleged protected person prior to the hearing date;
- Affidavit of Physician (submitted if alleged protected person is unable to attend); and,
- Statement of Financial Resources if a Conservator is to be appointed.
- Attach other applicable documents, as available, such as Medical Power of Attorney, Durable Power of Attorney, Health Care Surrogate Appointment, Living Will, etc.;
- File all the above items with the Circuit Clerk's office in the county where the alleged protected person resides
- Arrange for payment of the filing fee; (If the alleged protected person has sufficient resources the worker should submit a request to the court for reimbursement from the estate for costs associated with filing the Guardianship Petition);
- Arrange for Notice of Hearing to be sent or served to required parties once a hearing date has been set; and,
- Attend hearing.

**Note:** All the forms referenced in the above section are Supreme Court forms and are available as DDE's in CCWIS and/or the [West Virginia Supreme Court](#) website.

If the alleged protected person is in a health care facility or in a correctional facility, the petition is to be filed in the county where the facility is located.

The court is responsible for appointing legal counsel for the alleged protected person. The primary focus of legal counsel is to assess whether or not a Guardian/Conservator is needed and limitations that are appropriate based on the needs of the alleged protected person.

**Note:** The petition must be filed with the clerk of the Circuit Court in the county where the alleged protected person resides, with two (2) exceptions. If the alleged protected person has been admitted to a health care facility or a correctional facility in another county, the petition is to be filed in the county where the facility is located.

## 5.7 Contents of the Petition

When a petition for the appointment of a Guardian and/or Conservator is filed it must contain certain information about the individuals who are involved, including the alleged protected person, the petitioner and other potential candidates for Guardian/Conservator. Information about individuals that must be provided includes the following:

### ***Information about the Petitioner***

- Name;
- Place of residence;
- Post office mailing address;
- Relationship to the alleged protected person; and,

- Attorney representing the petitioner during the appointment proceedings, if applicable.

***Information about the Alleged Protected Person***

Gather information on the alleged protected person, to the extent known by the petitioner.

- Name;
- Date of birth;
- Place of residence or location; and,
- Post office address.

***Information about the Alleged Protected Person's Relatives***

- Name(s);
- Post office addresses of the alleged protected person's nearest relatives;
- The spouse and children (age 7 and above), if any; or if none;
- The parents and brothers and sisters, if any; or if none;
- The nearest known relatives who would be entitled to succeed to the person's estate by intestate succession WV Code §42-1-3a.

**Note:** Once a relative or several relatives have been identified in one of the categories identified, relatives in a lower category do not have to be listed in the petition.

***Information about Persons Acting in a Decision-Making Capacity to the Alleged Protected Person***

If there are no known relatives but there are other individuals that serve in some decision-making capacity, the following information must be included for each of these individuals:

- Name;
- Place of residence or location;
- Post office address;
- Capacity in which they serve; and, a detailed list of the acts performed by this person on behalf of the alleged protected person.

Specifically, list this information for all individuals who serve in any of the following roles:

- Person or facility that is responsible for the alleged protected person's care or custody;
- Person(s) acting as De facto Guardian or De facto Conservator;
- Appointed Health Care Surrogate;
- Representative acting under a durable power of attorney;
- Representative acting under a medical power of attorney;
- Person nominated by the alleged protected person to serve as Guardian and/or Conservator.

***Other Required Information***

- Statement regarding the type of Guardianship/Conservator being requested (limited, temporary, full);
- The reason(s) for the request;

- Existing Advanced Directives and the degree to which these tools address the needs of the alleged protected person;
- Whether or not the alleged protected person will be able to attend the hearing and if not, why;
- The individual(s) nominated to serve as Guardian or Conservator by the alleged protected person;
- The individual(s) proposed to serve as Guardian or Conservator by the petitioner

**Note:** If the alleged protected person has one or more Advance Directives in effect that adequately addresses their decision-making needs, it is NOT appropriate for the Department to file a petition for appointment of a Guardian. If it is believed that the designated decision-maker(s) is not adequately addressing the alleged protected person's decision-making needs, it may be appropriate to file a petition for appointment of a Guardian. If so, the reason(s) for filing must be clearly documented in the petition.

### **5.8 Fees/Costs**

There are various fees that may be associated with the filing of a Guardianship or Conservator petition. The petitioner is responsible for these fees which are due when the petition is filed. Fees may be assessed for the following:

- Filing fee - must be paid upon filing of the petition; and,
- Fees for service of process (varies from one jurisdiction to another).

If the protected person's estate is sufficient, the Department may request reimbursement of costs incurred in filing the petition from the protected person's estate. If reimbursement is being requested, this must be requested during the hearing.

**Note:** While a filing fee is required according to the [WV Code §44A-2-1](#) some jurisdictions waive this cost when the Department is the petitioner, or are willing to accept payment after filing of the petition. If unsure about the practice in the local jurisdiction, the worker may request that the filing fee be waived. If the filing fee is not waived by the court, the filing fee must be attached at the time the petition is filed with the Circuit Clerk.

### **5.9 Notification to Required Parties Prior to Hearing**

The petitioner is responsible for providing notice to all required parties. Parties who must be notified are:

- The alleged protected person; and,
- All other parties named in the petition, 7 years of age or older.

The alleged protected person must be personally served with the Notice of Hearing, a copy of the petition, and the evaluation report NOT LESS than 14 calendar days prior to the hearing. Other parties named in the petition must be notified by certified mail, return receipt requested. This notification is to be mailed a minimum of 14 calendar days prior to the hearing date and is to include the Notice of Hearing and a copy of the petition.

**Note:** When determining the date to mail notifications to other parties, the date of the hearing is not to be counted as one of the 14 days. The protected person must be served by Personal Service of Process not later than 14 days prior to the date of the hearing. The court clerk can arrange to have this accomplished by the county sheriff. As an alternative, it may be necessary to employ a private process server. Because of potential conflicts of interest, The Department must not serve Personal Service of Process.

***Responsibility of the Worker - Prior to the Hearing***

- Complete Initial Assessment - within 30 days of receipt of referral;
- Determine if it is appropriate for the Department to file a petition;
- If the Department is filing a petition, open the case in CCWIS to access Court screens;
- Complete Comprehensive Assessment - within 30 days of opening case;
- Complete all necessary forms to file a petition;
- Arrange for all required notifications;
- Complete all documentation in CCWIS;
- Request legal representation for the Department from either the Legal Counsel for Adult Services or the prosecuting attorney;
- Submit Initial Assessment to supervisor for approval;
- Submit petition to supervisor for approval;
- Arrange for payment of applicable fees;
- Upon approval of the petition by the supervisor and arrangement for payment of fees, file the petition with the Circuit Clerk;
- Arrange for witnesses to be present/subpoenaed; and,
- Arrange for the alleged protected person's presence during the hearing.

**Note:** The tasks generally are listed in the order in which the worker would complete them however, there may be some that will be completed simultaneously such as in a situation where an emergency situation exists and the petition must be filed immediately, the worker may be working on completion of the Initial Assessment and preparation of the petition at the same time.

***Responsibility of the Supervisor - Prior to the Hearing***

- Review and approve Initial Assessment;
- Review and approve court petition and other court documents if the Department is filing a petition;
- Approve case connect in CCWIS if a case is to be opened in order to access court screens; and,
- Review and approve completed Comprehensive Assessment and Service Plan.

***Responsibility of the Court - Prior to the Hearing***

- Appointment of legal counsel for the alleged protected person; and,
- Set hearing date.

### ***Setting the Hearing***

The hearing is to take place within 60 days of filing the petition and the evaluation report. Upon filing of the petition, the Circuit Clerk is required to set the hearing date. The hearing is to occur within the 60 daytime frame. The Circuit Clerk is to notify the petitioner of the hearing date.

## **5.10 Guardianship Appointment:**

### ***Persons who may be Appointed Guardian***

The following individuals and organizations may be appointed to serve as Guardian for a protected person as per [WV Code §44A-1-8](#). Selection of a Guardian must take a variety of factors into consideration. Primary among these is the potential Guardian's ability to provide an active and suitable program of Guardianship. Potential candidates who meet the criteria may come from one of the following categories:

- Any adult individual may be appointed to serve as a Guardian, a Conservator or both;
- A non-profit corporation chartered in the state of WV and licensed;
- A public agency that is not a provider of health care services to the protected person;
- A non-profit corporation appropriately chartered and licensed in the state of West Virginia for the purpose of serving as Guardian, Limited Guardian or Temporary Guardian of protected persons;
- Persons employed pursuant to a written contract or other employment agreement with a licensed provider of behavioral health services for the purpose of providing services to a protected person:
- Where payment for services provided under the contract or agreement is pursuant to a waiver program;
- Where the person is related to the protected person by blood, marriage, or adoption;
- Where the contract or agreement is disclosed in writing to the court; and,
- The court finds the appointment is in the best interest of the protected person.
- The Department of Health and Human Resources may be appointed to serve as Guardian only when it has been determined that there is no other individual, non-profit corporation or other public agency that is equally or better qualified and willing to serve.

**Note:** When a sheriff has previously been appointed Guardian, and Guardianship is being transferred to the Department of Health and Human Resources in accordance with Senate Bill 100, enacted April 11, 1997, the Department may not refuse to accept the Guardianship appointment.

### ***Persons who may not be Appointed Guardian***

The following persons or entities may not be appointed Guardian:

- Individuals who are employed by or affiliated with any public agency, entity, or facility which is providing substantial services or financial assistance to the protected person (i.e., Adult Family Care Providers);
- Corporation, agency, or other entity, or any agent thereof doing business with or in any way profiting from the estate or income of the protected person for whom services are being performed by the Guardian;

- Any person who has an interest as a creditor of a protected person, other than a bank or trust company authorized to exercise trust powers of engage in trust business in West Virginia; or,
- The sheriff in the county in which a court has assumed jurisdiction.

**Note:** If the sheriff has been appointed as Guardian, he/she may petition the Circuit Court to be released as Guardian. A paid provider by the Department cannot serve as Guardian because this would exhibit a conflict of interest. Paid providers by the Department would be considered to be employed by or affiliated with a public agency providing substantial services. Examples of such providers would be but not exclusive or limited to Adult Family Care, Specialized Family Care Providers and Assisted Living.

### ***Appealing an Appointment***

An appointment of the Department as Guardian/Conservator may be appealed in certain circumstances. Examples of situations when the Department filing an appeal may be appropriate include:

- The Department is appointed Guardian without being a party to the action (did not receive notification prior to the hearing and was not present at the hearing);
- When the Department has proposed a potential individual to serve as Guardian but the Department is appointed instead;
- When the Department is appointed to serve as Conservator; and,
- When the Department is appointed as a co-Guardian or committee, and others.

If the Department is contesting an appointment as a Guardian, the worker must file an appeal immediately upon receipt of notification of the appointment. This is accomplished by filing a Petition for Termination, Revocation or Modification requesting the necessary change in the appointment. If the Department is contesting appointment the Legal Counsel for Adult Services must be notified immediately. The Legal Counsel for Adult Services must file an appeal with the Circuit Court stating the basis for the appeal and requesting appropriate action.

## **5.11 Responsibility of the Worker**

### ***During the Hearing***

- Ensure attendance at the hearing of alleged protected person or, provide evidence that the individual refuses to appear;
- Present case to the court if not represented by counsel;
- If the Department objects to all or part of an appointment, state the objection during the hearing so it becomes part of the court record; and,
- If in question, request that the court clarify the parameters of the appointee's authority.

**Note:** If the Department is not represented by legal counsel and the hearing becomes an adversarial proceeding, the Department should request a continuance in order to arrange for legal representation.

## **5.12 Responsibility of the Court**

### ***During the Hearing***

- Determine whether a Guardian or Conservator should be appointed;
- Determine the type of Guardian or Conservator and the specific areas of protection, management and assistance to be granted;
- Determination whether the individual meets the definition as a protected person
- Consider the suitability of the proposed Guardian or Conservator, the limitations of the alleged protected person, the development of the person's maximum self-reliance and independence, the availability of less restrictive alternatives including advance directives and the extent to which it is necessary to protect the person from neglect, exploitation, or abuse; and,
- Select the individual or entity best qualified to act in the best interest of the protected person, after consideration of the proposed Guardian's or Conservator's geographic location, familial or other relationship with such person, ability to carry out the powers and duties of the office, commitment to promoting such person's welfare, any potential conflicts of interest, the criminal history of the proposed Guardian or Conservator and the recommendations of the spouse, the parents, children or other interested relatives, whether made by will or otherwise. The court may order a background check to be conducted by the state police or county sheriff on any person being considered by the court for appointment as a Guardian or Conservator, WV Code §44A-1-8.

## **5.13 Different Types of Guardian Appointments**

- Full Guardian: A Guardian appointed by the court who has full responsibilities of the personal affairs of a protected person.
- Limited Guardian: A Guardian appointed by the court who has only those responsibilities for the personal affairs of a protected person, as specified in the order of appointment
- Temporary Guardian: A Guardian appointed by the Circuit Court who has only those responsibilities for the personal affairs of a protected person, as specified in the order of appointment. A Temporary Guardian may be appointed upon finding that an immediate need exists, that adherence to the procedures otherwise set forth in WV Code §44A-2-14 for the appointment of a Guardian may result in significant harm to the person that no other individual or entity appears to have the authority to act on behalf of the person, or that the individual or entity with authority to act is unwilling, unable or has ineffectively or improperly exercised the authority. A temporary Guardian is time limited to six (6) months unless terminated or extended by the Circuit Court upon good cause following a hearing.

## **5.14 Court Requests for Studies of Potential Guardians**

It is the responsibility of the court to determine, based on the information presented during the hearing, if there is an appropriate person who is willing, able, and appropriate to serve and if there is more than one potential candidate, to determine the best candidate. In situations where the Department is not the petitioner and has no prior knowledge or involvement of the case, it is not the role of the Department to determine the best candidate. When there is more than one



potential candidate and two or more of these individuals are interested in serving, the court may order the Department to complete a study on each potential candidate and make a recommendation as to who would be the best candidate.

If the Department is present during a hearing where the Department is ordered by the court to complete a study under these circumstances or any other request that do not coincide with the Departments responsibility, the Department should object during the hearing, so the objection is noted in the court record. Immediately following the hearing, the Legal Counsel for Adult Services is to be contacted to request assistance.

If the Department is not present during a hearing where the Department is ordered by the court to complete a study under these circumstances, the worker should contact their supervisor to request assistance immediately with the Legal Counsel for Adult Services upon receipt of the court order requiring the Department to conduct the study.

## **5.15 Post Guardianship Appointment**

### ***Notification to Required Parties Following Appointment***

The appointee is responsible for providing notice to all required parties. Parties who must be notified are:

- Alleged protected person; and,
- All other parties named in the petition 7 years of age or older.

The protected person and all other parties named in the petition must be notified of the appointment by certified mail, return receipt requested. This notification is to be mailed within 14 days of the date of entry of the order. This notification is to include the Order of Appointment of Conservator and/or Guardian and a brief statement, in large print, of the party's right to seek an appeal for a modification or termination of the appointment.

### ***Reports to the Court***

#### **Initial**

- The Guardian is to file an initial report with the court within six (6) months following the date of entry of the order of appointment. This semi-annual report is only required during the first year of appointment, unless ordered otherwise by the court. Reporting thereafter is required on an annual basis. The report must include all of the following:
  - Description of the current mental, physical, and social condition of the protected person;
  - Description of the protected person's living arrangements during the reported period;
  - The medical, educational, vocational, and other professional services provided to the protected person and the Guardian's opinion as to the adequacy of the protected person's care;
  - Summary of the Guardian's visits with and activities on behalf of the protected person;
  - Statement of whether the Guardian agrees with the current treatment or habilitation plan;
  - Recommendation as to the need for continued Guardianship and any recommended changes in the scope of the Guardianship;

## WV Substitute Decision-Maker Policy

- Any other information requested by the court or useful in the opinion of the Guardian;
- Any compensation requested and the reasonable and necessary expenses incurred by the Guardian; and,
- Verification signed by the Guardian stating that all of the information contained in the report is true and correct to the best of his/her knowledge.

This report must be prepared by the worker and approved by the supervisor prior to submission to the court.

**Note:** The Periodic Report to the Court is available as a DDE in CCWIS and may be accessed through the report screen and the [West Virginia Supreme Court](#) webpage. Most of the information to complete this report will come from the Summary Evaluation screens.

### Annual

The Guardian must prepare and submit an annual report to the court that describes the protected person's functioning, progress, barriers and other relevant information during the report period. The completed report is to be submitted to the Circuit Clerk in the county of venue. In most instances this will be the county where the original appointment was done. If the court of appointment grants a change of venue, the report would be submitted thereafter to the new county of venue. The law provides for two options related to the time frame to be used for submission of this annual report to the court. These are:

- On a calendar year basis (if this option is used the report may not cover a period of more than 12 months and must be filed with the Circuit Clerk no later than December 31st); or,
- Other time frames as ordered by the court.

### **This report must contain all the following:**

- Description of the current mental, physical, and social condition of the protected person;
- Description of the protected person's living arrangements during the reported period;
- The medical, educational, vocational, and other professional services provided to the protected person and the Guardian's opinion as to the adequacy of the protected person's care;
- Summary of the Guardian's visits with and activities on behalf of the protected person;
- Statement of whether the Guardian agrees with the current treatment or habilitation plan;
- Recommendation as to the need for continued Guardianship and any recommended changes in the scope of the Guardianship;
- Any other information requested by the court or useful in the opinion of the Guardian;
- Any compensation requested and the reasonable and necessary expenses incurred by the Guardian; and,
- Verification signed by the Guardian stating that all of the information contained in the report is true and correct, to the best of his/her knowledge.
- This report must be prepared by the worker and approved by the supervisor prior to submission to the court.

**Note:** The Periodic Report to the Court is available as a DDE in CCWIS and the [West Virginia Supreme Court](#) webpage and may be accessed through the Report screen. Information to complete the report will come from the Summary Evaluation screens. The Periodic Report can either be hand delivered or mailed to the appropriate Circuit Clerk's office (venue may differ).

***Other Reports to the Court***

In addition to the initial (semi-annual) and annual reports to the court, there are points in time when the court may require additional reports. These include:

- Additional reports or accountings prescribed by the court;
- When the Guardian or Conservator resigns or is removed; and,
- When the appointment of Guardian or Conservator is terminated (this report may be waived by the court for a Guardian).

These reports must be prepared by the worker and approved by the supervisor prior to submission to the court. Upon completion of the report, it is to be filed with the Circuit Clerk.

***Responsibility of the Worker - Following the hearing***

- Within 14 days following the entry of the order of appointment, mail a copy of the order or appointment and statement advising the recipient of their right to appeal to all parties named in the original petition;
- Review the order of appointment;
- Prepare petition for modification of the order of appointment, if applicable;
- Prepare and submit the initial report to the court within six months following the appointment; and,
- Preparation and submission of the annual report to the court.

***Responsibility of the Supervisor - Following the Hearing***

- Review the Order of Appointment; and,
- Ensure submission of Modification of the Order of Appointment, if applicable.

***Responsibility of the Court Following the Hearing***

- Issue and enter the Order of Appointment.

**Note:** The Order of Appointment is to be signed and filed within 7 days if the hearing is before the Circuit Judge and within 14 days if the hearing is before the Mental Hygiene Commissioner.

***Following an application requesting access to the protected person***

This section applies only in respect to relatives who have been granted access to a protected person by petition process. The Guardian shall notify relative(s) with court approved access if:

- The protected person dies
- The protected person is admitted to a medical facility for acute care for a period of 3 or more days
- The residence has changed

- The protected person is staying at a location other than their usual residence for a period that exceeds two calendar weeks
- At the protected persons death to allow the family to complete funeral arrangements
- The location of the protected person's final resting place shall be provided.

**Note:** A relative entitled to notice about a protected person under this section may waive notice by providing a written request to that effect to the Guardian. A Guardian shall file any such written request received with the court.

### **5.16 Appointment of the Department as Health Care Surrogate**

Appointment of a Health Care Surrogate must be made by a qualified physician or advanced nurse practitioner who has personally examined the adult and determined that they lack the capacity to make health care decisions on their own behalf. West Virginia State Code identifies the individuals who may be considered to be appointed in priority order. The Department may be appointed only if there is no one else who is able, willing, and appropriate to serve as Health Care Surrogate.

For persons who are in need of treatment for mental illness or addiction, as opposed to treatment of physical needs, who have been determined by their attending physician or a qualified physician to be incapacitated, a second opinion by a qualified physician or psychologist that the person is incapacitated is required before the attending physician is authorized to select a surrogate.

If the adult has one or more advance directive in effect that adequately addresses their decision-making needs, it is NOT appropriate for the Department to be appointed Health Care Surrogate. If it is believed that the designated decision-maker(s) is not adequately addressing the adult's decision-making needs, it may be appropriate to explore appointment of an alternate decision-maker. If so, the reason(s) for seeking a change in decision-maker must be clearly documented. It may be appropriate for the appointing medical professional to seek appointment of another decision-maker if:

- the current decision-maker is no longer physically/mentally able to carry out their responsibilities;
- the current decision-maker is not acting in the best interest of the adult; or,
- the adult's decision-making needs cannot be met by appointment of only a Health Care Surrogate.

It is NOT appropriate to seek an alternate decision-maker solely because the physician or other family members are not in agreement with decisions made by the authorized decision-maker. Whenever there are disagreements among family members, decision-makers, or others, the physician is to arbitrate to reach a solution.

WV Code does allow for someone to challenge the appointment of a Health Care Surrogate if they feel that the appointment is not appropriate. [WV Code §16-30-8\(e\)](#) states: [If a person who

is ranked as a possible surrogate pursuant to subsection (a) of this section wishes to challenge the selection of a surrogate or the health care decision of the selected surrogate, he or she may seek injunctive relief or may file a petition for review of the selection of, or decision of, the selected surrogate with the circuit court of the county in which the incapacitated person resides or the supreme court of appeals. There shall be a rebuttable presumption that the selection of the surrogate was valid and the person who is challenging the selection shall have the burden of proving the invalidity of that selection. The challenging party shall be responsible for all court costs and other costs related to the proceeding, except attorneys' fees, unless the court finds that the attending physician or advanced nurse practitioner acted in bad faith, in which case the person so acting shall be responsible for all costs. Each party shall be responsible for his or her own attorneys' fees].

Advance Directives, such as Medical Power of Attorney, Durable Power of Attorney with health care decisions, and/or Living Wills, take precedence over Health Care Surrogate appointment. If, in the opinion of the medical professional, decisions are not being made in the best interest of the client, the medical professional should first attempt to arbitrate to resolve the issues. If this cannot be accomplished, these instruments require court action to terminate before a Health Care Surrogate may be appointed. It is the medical professionals and/or the client's family responsibility to seek legal intervention. (See Resolving Conflicts Between Advanced Directives for additional information)

The Department can serve as an appointed Health Care Surrogate if an individual has already been convicted and/or before the individual was convicted. The Department should only serve as Health Care Surrogate as last resort.

**Note:** While determination of incapacity may be done by one or more of the following, a qualified physician, a qualified psychologist, or an advanced nurse practitioner, actual appointment of a Health Care Surrogate may only be done by a qualified physician or advance nurse practitioner. A second opinion is only required if treatment for mental illness and/or addiction will be needed as stated in [WV Code §16-30-24](#): [Need for a second opinion regarding incapacity for persons with psychiatric mental illness, mental retardation or addiction.

For persons with psychiatric mental illness, mental retardation or addiction who have been determined by their attending physician or a qualified physician to be incapacitated, a second opinion by a qualified physician or qualified psychologist that the person is incapacitated is required before the attending physician is authorized to select a surrogate. The requirement for a second opinion shall not apply in those instances in which the medical treatment to be rendered is not for the person's psychiatric mental illness]. *The general rule of determining capacity could therefore be stated that it takes only one medical professional to make a determination of capacity, and it takes only one medical professional to make a determination that an individual has regained capacity.*

***Process for Appointment***

When the Department is requested to accept appointment as Health Care Surrogate, the Appointment of Health Care Surrogate form must be completed by a qualified physician or advanced nurse practitioner who has personally examined the adult. This form must be completed and received prior to the Department accepting appointment as Health Care Surrogate. The Department will not accept a verbal appointment as Health Care Surrogate.

**Note:** (The Appointment of Health Care Surrogate form is available as a DDE in CCWIS). There may be rare situations and cases that the Department may go ahead and accept Health Care Surrogate appointment before the Department has completed their full assessment.

***Exploring all potential candidates prior to DHHR accepting appointment***

As an ongoing part of case monitoring and review, the worker must thoroughly explore all individuals they become aware of who may be able to serve in this capacity. Any potential candidate is to be contacted by the worker to determine if they are willing and able to serve. If so, the Department should encourage them to accept appointment rather than the Department continuing to serve in this capacity. The Department should not continue to serve as Health Care Surrogate if there is an appropriate candidate who is willing and able to serve.

West Virginia State Code specifies the individuals who are to be considered for appointment and the order of priority for consideration. The Department is not to be appointed until all potential candidates have been contacted. Individuals who are to be considered prior to appointment of the Department are, in order of priority:

- spouse;
- adult children;
- parent(s);
- adult siblings;
- adult grandchildren;
- close friends; and,
- any other person/entity, including but not limited to public agencies, public Guardians, public officials, public and private corporations and
- other persons or entities which DHHR may from time to time designate (this is the category under which DHHR is authorized to serve).

While the physician must consider potential candidates in the order listed, they may appoint an individual at a lower level if the physician believes that the appointee is better qualified to serve as Health Care Surrogate. When this occurs, the physician must document that an individual was passed over and the reason for this.

**Parties who may NOT serve as a Health Care Surrogate are:**

- treating health care provider of the individual;
- employees of the treating health care provider, not related to the individual;
- owner, operator or administrator of a health care facility serving the individual; and,

## WV Substitute Decision-Maker Policy

- employees of the owner, operator or administrator of a health care facility, not related to the individual (Adult Family Care, Medley, Personal Care Home, Residential Board & Care, Assisted Living, Nursing Home etc. are included in this category).

### ***Responsibility of the Worker***

- Prior to accepting appointment
- Complete Initial Assessment - within 30 days of receipt of referral;
- Determine if it is appropriate for the Department to be appointed as Health Care Surrogate;
- Request completion of Appointment of Health Care Surrogate form by a qualified physician;
- Contact all potential candidates to re-assess their willingness, ability, and appropriateness to serve to the extent possible;
- Complete all documentation in CCWIS;
- Submit Initial Assessment to supervisor for approval; and,
- If the Department is going to accept appointment, open the case in CCWIS;
- Once the Department has been appointed and accepted Health Care Surrogate the Adult Service worker should furnish the appointing medical professional a copy of the completed Health Care Surrogate appointment form for their records.

**Note:** The tasks generally are listed in the order in which the worker would complete them however, there may be some that will be completed simultaneously such as in a situation where an emergency situation exists and appointment is needed immediately, the worker may be working on completion of the Initial Assessment and review of the Appointment of Health Care Surrogate form at the same time.

### ***Following appointment***

- Complete Comprehensive Assessment within 30 days of opening the Health Care Surrogate case;
- Complete the Service Plan within 30 days to be submitted to the supervisor for approval;
- Maintain ongoing contact with client, their family and friends to gather additional information about the client's wishes and to assess for other individuals who may be able to serve instead of the Department; and,
- Monitor the case on an ongoing basis.

### ***Responsibility of the Supervisor***

The supervisor is responsible for ensuring that applicable policies and procedures are followed. To do so, the supervisor must:

- Review and approve Initial Assessment;
- Approve case connect in CCWIS if a case is to be opened;
- Sign/authorize the signing of the Appointment of Health Care Surrogate to authorize the Department to be appointed; and,
- Review and approve Comprehensive Assessment(s), Reviews and Service Plan(s).

***Appointment for Individuals in State Operated Facilities***

When a substitute decision-maker is needed for an adult in one of these facilities, it is the responsibility of the facility to locate and arrange for a suitable decision-maker. In doing so, the facility is expected to explore all potential individuals and entities who may be able to serve in a decision-making capacity and to document the results of these efforts. As with individuals in other settings, the Department may be appointed to serve as Health Care Surrogate only after it has been determined that there is no one who is willing, able, and appropriate to serve in this capacity. State operated psychiatric facilities include Sharpe Hospital and Mildred Mitchell Bateman Hospital. State operated long term care facilities include Jackie Withrow Hospital, Hopemont Hospital, Lakin Hospital, John Manchin Sr. Health Care Center, and Welch Emergency Hospital.

Whenever the Department receives a Health Care Surrogate appointment from these two facilities the local office needs to thoroughly review the appointment for accurate language, time frames/discharge date and documentation of selection process. If there are any questions concerning the HCS appointment form the local adult service staff should not be making changes or any additions to the form. The local worker needs to contact the appropriate facility staff to voice their concerns in regards to any issues. If there are changes to be made to the HCS form only a qualified attending physician or advance practice nurse can make modifications.

The worker is to explore suitable alternative individuals/entities to serve as Health Care Surrogate on an ongoing basis in all instances where the Department is appointed to serve in this capacity. This is to be done as part of the Case Review process, and if a suitable alternate Health Care Surrogate is identified, the worker should request to have the other party appointed instead of the Department.

In order to improve communication between the state operated facility and WVDHHR the local assigned worker, the Adult Service Supervisor and Community Service Manager (CSM) will be included in the treatment plan notifications by email. If there are issues concerning treatment plan meetings being rescheduled, changed, and/or not occurring without proper notification given to staff the local assigned worker needs to notify their direct supervisor immediately. Upon being notified the local Adult Service Supervisor should attempt to resolve any issues directly with appropriate hospital staff. If further action is needed the local supervisor must notify their regional adult service consultant and district CSM.

**5.17 Decision-Making for the Protected Person or Incapacitated Adult**

A court appointed Guardian is responsible for assisting the protected person with personal decisions, whereas a Health Care Surrogate is responsible for making health care decisions only. A substitute decision-maker is responsible for making health care decisions, in consultation with the adult to the extent possible.

Decisions are to be made in accordance with the individual's personal wishes and values when known and in accordance with their best interest when their wishes and values are not known



and cannot be reasonably determined. An assessment of the person's best interest is to include consideration of the following:

- the person's medical condition;
- the person's prognosis;
- the person's personal dignity and uniqueness;
- the possibility and extent of preserving the person's life;
- the possibility of preserving, improving or restoring the person's functioning;
- the possibility of relieving the person's suffering;
- the balancing of the burdens to the benefits of the proposed treatment or intervention; and,
- other such concerns or values as a reasonable individual in the person's circumstances would wish to consider.

The duty to act in the best interest of the protected person includes taking actions that may be adverse to the Department, Bureaus within the Department and other state agencies when advocating for services or civil remedies on behalf of the protected person. Under no circumstances will Guardians employed within the Department put the interest of the Department or Bureaus within the Department before the interests of their protected person.

## **5.18 Commencement of Substitute Decision-Maker Authority**

### ***Adult Guardianship***

The Guardian's decision-making authority officially begins upon receipt of the signed order of appointment. In reality, there is some variation from one jurisdiction to another in the expectations of the court regarding when the Guardian's authority begins WV Code §44A-4-5:

The Guardian or Conservator of a protected person shall terminate upon the death of the protected person: Provided, that in the absence of an advanced directive or pre-need burial or cremation contract, after the death of the protected person, a Guardian or a Conservator, shall have authority to make decisions regarding the body of the deceased protected person for the purposes of authorizing an autopsy and making funeral arrangements. The Guardian's or Conservator's authority shall continue until an executor or an administrator has been appointed. This allows the Department as Guardian to arrange funeral arrangements, even though Guardianship ends at death. Similarly, the authority of the Guardian ends upon an order of the court authorizing resignation or removal of the Guardian.

### ***Health Care Surrogate***

The Department's authority as Health Care Surrogate officially begins upon acceptance of the appointment. Whenever the Health Care Surrogate is called upon to make difficult decisions, such as complex medical decisions and end-of-life decisions, the worker should do so in consultation with the supervisor.

The authority of the Health Care Surrogate ends immediately upon the death of the incapacitated adult except with regard to certain decisions. Specifically, they are permitted to assist with decisions regarding funeral and burial/cremation arrangements, organ and tissue donation,

autopsy, etc. [WV Code §16-30-6\(d\)](#) [The medical power of attorney representative or surrogate's authority shall commence upon a determination, made pursuant to section seven of this article, of the incapacity of the adult. In the event the person no longer is incapacitated, or the medical power of attorney representative or surrogate is unwilling or unable to serve, the medical power of attorney representative or surrogate's authority shall cease.

However, the authority of the medical power of attorney representative or surrogate may recommence if the person subsequently becomes incapacitated as determined pursuant to section seven of this article unless during the intervening period of capacity the person executes an advance directive which makes a surrogate unnecessary or expressly rejects the previously appointed surrogate as his or her surrogate. A medical power of attorney representative or surrogate's authority terminates upon the death of the incapacitated person except with respect to decisions regarding autopsy, funeral arrangements or cremation and organ and tissue donation: *Provided*, That the medical power of attorney representative or surrogate has no authority after the death of the incapacitated person to invalidate or revoke a preneed funeral contract executed by the incapacitated person in accordance with the provisions of article fourteen, chapter forty-seven of this code prior to the onset of the incapacity and either paid in full before the death of the incapacitated person or collectible from the proceeds of a life insurance policy specifically designated for that purpose].

Determinations of capacity, including determinations that a person has regained capacity, are governed by [WV Code §16-30-7](#), which requires only one medical professional (attending physician, qualified physician, qualified psychologist, or an advanced nurse practitioner who has personally examined the person) to make such determination. *The general rule of determining capacity could therefore be stated that it takes only one medical professional to make a determination of capacity, and it takes only one medical professional to make a determination that an individual has regained capacity.* [The exceptions to this general rule include the following scenarios where capacity determinations of two medical professional are required: 1) Under [WV Code §16-30-22\(c\)](#) where a person has been determined to be incapacitated and his or her living will or medical power of attorney has become effective, any health care provider or health care facility which refuses to follow the person's directives in the living will or medical power of attorney or the decisions of the medical power of attorney representative or Health Care Surrogate, because the principal has asked the provider or facility not to follow such directions or decisions, shall have two physicians, one of whom may be the attending physician, or one physician and a qualified psychologist, or one physician and an advanced nurse practitioner certify that the person has regained capacity to make the request; and, 2) Under WV Code §16-30-24 for persons with psychiatric mental illness, intellectual disability or addiction who have been determined by their attending physician or a qualified physician to be incapacitated, a second opinion by a qualified physician or qualified psychologist that the person is incapacitated is required before the attending physician is authorized to select a surrogate. The requirement for a second opinion does not apply in those instances in which the medical treatment to be rendered is not or the person's psychiatric mental illness.

## 5.19 Decision Making

### *Guardianship*

Decision-making by Guardian may include all personal decisions, or the order of appointment may limit the duration and/or scope of the Guardian's authority. In doing so, the Guardian has the ability to act for the protected person and exercise his/her rights. Generally, a Guardian is responsible for assisting with decisions regarding the protected person's personal matters. Limitations to the scope of that authority may be set dependent on the needs and capabilities of the protected person. In addition, the protected person should be permitted and encouraged to participate in decision-making on their behalf to the extent possible.

The duty to act in the best interest of the protected person includes taking actions that may be adverse to the Department, Bureaus within the Department and other state agencies when advocating for services or civil remedies on behalf of the protected person. Under no circumstances will Guardians employed within the Department put the interest of the Department or Bureaus within the Department before the interests of their protected person. Personal decisions that the Guardian may be involved in making include the following (unless these are specifically excluded in the order of appointment):

- Where the protected person will live/changes in residential setting;
- Services/treatment required to address needs;
- Health care to be provided and/or withdrawn;
- Authorization of placement in a nursing facility or other health care setting appropriate to meet health care needs;
- Resources needed to meet educational needs, if applicable; and,
- The protected person's means of support, including applying for benefits on the protected person's behalf when applicable.

In addition, there are certain decisions of the Guardian that require approval of the court in advance. These include:

- Decisions resulting in a change in the protected person's marital status;
- Decisions resulting in a change of the protected person's residence to another state;
- Decisions resulting in termination of the protected person's parental rights;
- Deviation from a previously executed living will or medical power of attorney; and,
- Revocation or amendment of an existing and valid durable power of attorney.

**Note:** When authorization of the court is required in advance; the adult service worker should advise his/her supervisor immediately and promptly refer the matter to the Legal Counsel for Adult Services for review and assistance.

The Guardian may NOT make decisions in the following areas:

- Decisions specifically excluded in the order of appointment;
- Financial decisions; and,
- The Guardian or Conservator of a protected person shall terminate upon the death of the protected person: Provided, that in the absence of an advanced directive or pre-need burial or cremation contract, after the death of the protected person, a Guardian or a

## WV Substitute Decision-Maker Policy

Conservator, shall have authority to make decisions regarding the body of the deceased protected person for the purposes of authorizing an autopsy and making funeral arrangements. The Guardian's or Conservator's authority shall continue until an executor or an administrator has been appointed WV Code §44A-4-5. Preparation for this should be discussed with the protected person and plans made and documented in advance to ensure that the person's wishes are known and carried out to the extent possible.

If the Department is serving as Guardian, the worker must ensure that the client is enrolled in a Medicare plan and that all necessary applications/enrollments are made on the client's behalf within 30 days after the client is 64 years and nine (months of age. This includes enrolling in Medicare Part A and B and/or C and selecting an appropriate plan under Medicare Part D that provides the best coverage for the client's individual medication needs. In addition, the worker must apply for Extra Help through the Social Security Office. Also, an application for QMB, SLIMB and/or QI-1 must be made through Income Maintenance for assistance in payment of the Medicare premium.

QMB, SLIMB and QI-1 are programs offered through Income Maintenance that pay for Medicare premiums. It is extremely important that workers make sure clients apply or someone applies on their behalf for these programs through Income Maintenance. The worker as Guardian must ensure that these applications are made on the client's behalf prior to the client reaching age 65. Extra Help is a program that provides financial assistance to individuals with limited income in paying for Medicare Part D. If an individual qualifies, they will receive assistance in paying the premium and co-pays for their prescription drugs. This application must be made through the Social Security Office. The worker as Guardian must ensure that these applications are made on the client's behalf prior to the client reaching age 65.

If the Department is appointed Guardian, the necessary applications/ enrollments outlined above must be made by the worker immediately after being appointed as Guardian. If another individual is appointed Guardian, that individual is responsible for making the necessary applications/enrollments.

- The Department as the appointed Guardian is also responsible for attending Multi-Disciplinary Treatment Plans (MDT's), Interdisciplinary Team Meetings (IDT), Individual Program Plans (IPP), Discharge Plan meetings and Care Plans concerning the protected individual. The Department as the Guardian must approve and sign off on all decisions, except financial, relating to the protected person. By attending and participating in the scheduled meetings the Department is fulfilling their fiduciary obligation that all services are in the client's best interest.
- Guardian responsibilities when in a state operated facility requires the facility to provide email notifications to the client's assigned worker, adult service supervisor and district community service manager of any treatment team meeting schedule. If there are issues concerning treatment plan meetings being rescheduled, changed and/or not occurring without proper notification given to staff the adult service worker needs to notify their adult service supervisor immediately. Upon being notified the Adult Service Supervisor should attempt to resolve any issues directly with appropriate state facility staff. If further

action is needed the adult services supervisor can notify their adult service consultant and community service manager.

- For Title XIX ID/DD Waiver clients it is essential for the Department to attend the Interdisciplinary Team Meetings (IDT) and Individual Program Plans (IPP). The Guardian must participate in the (IDT) and/or (IPP) meetings and sign and approve both in order for services to be implemented. There may be extraordinary situations when the Department may have a conflicting crisis situation and may not be able to attend the meeting in person. In these situations, the Department may participate by telephone conferencing. This method should only occur for extraordinary situations and should not occur on a regular basis. As Guardian, the Department can disagree with the Interdisciplinary Team Meeting (IDT) and/or Individual Program Plans (IPP). If the Department disagrees with a portion of the plan they need to mark on the (IDT) and/or (IPP) the section that is in disagreement. The Department as Guardian needs to choose either agree or disagree within the 14 daytime-frame to allow the Service Coordinator time to distribute the (IDT) and/or (IPP) to all team members. If another individual is appointed Guardian besides the Department, that individual is responsible for attending and participating in the Multi-Disciplinary Treatment Plans (MDT's), Interdisciplinary Team Meetings (IDT), Individual Program Plans (IPP) and Care Plans.

**Note:** Though the Guardian has decision making authority, there are limits to what a Guardian can do. Specifically, appointment of a Guardian cannot GUARANTEE that the protected person will be compliant with a recommended course of treatment and/or services. While the Guardian does have a responsibility to recommend appropriate services/treatment and living arrangements, and to educate the protected person to the extent possible about the benefits and consequences of compliance/failure to comply, they cannot force the protected person to exercise good judgment, maintain acceptable personal hygiene, take medications as prescribed, etc. Also, as the protected person's legal representative the Department does have access to the protected person's protected health information necessary to carry out their responsibilities as Guardian (HIPAA Privacy Rule 45 CFR. 164.502(g)).

### ***Health Care Surrogate Decision Making***

The Department as the appointed Health Care Surrogate is also responsible for attending Multi-Disciplinary Treatment Plans (MDT's), Interdisciplinary Team Meetings (IDT), Individual Program Plans (IPP), Discharge Plan meetings and Care Plans concerning the protected individual. The Department as the Health Care Surrogate must approve and sign off on all decisions, except financial, relating to the protected person. By attending and participating in the scheduled meetings the Department is fulfilling their Fiduciary obligation that all services are in the client's best interest.

For Title XIX MRDD Waiver clients it is essential for the Department to attend the Interdisciplinary Team Meetings (IDT) and Individual Program Plans (IPP). The Health Care Surrogate must participate in the (IDT) and/or (IPP) meetings and sign and approve both in order for services to be implemented. There may be extraordinary situations when the Department may have a conflicting crisis situation and may not be able to attend the meeting in person. In these

situations, the Department may participate by telephone conferencing. This method should only occur for extraordinary situations and should not occur on a regular basis. As Health Care Surrogate the Department can disagree with the Interdisciplinary Team Meeting (IDT) and/or Individual Program Plans (IPP). If the Department disagrees with a portion of the plan they need to mark on the (IDT) and/or (IPP) the section that is in disagreement.

The Department as Health Care Surrogate needs to choose either agree or disagree within the 14 day time-frame to allow the Service Coordinator time to distribute the (IDT) and/or (IPP) to all team members. If another individual is appointed Health Care Surrogate besides the Department, that individual is responsible for attending and participating in the Multi-Disciplinary Treatment Plans (MDT's), Interdisciplinary Team Meetings (IDT), Individual Program Plans (IPP) and Care Plans.

**Note:** Decision-making for another individual is a difficult and delicate process. In carrying out the Department's responsibilities as Health Care Surrogate, it is important for the decision-maker to ensure that decisions being made on behalf of the incapacitated adult are a reflection of the individual's values and beliefs rather than those of the worker.

**Health care decisions that the surrogate may be involved include the following:**

- placement in/discharge from a medical/treatment setting;
- medical services/treatment required to address health care needs (hospital, psychiatric facility, ambulatory health care, physician's office, clinic, hospice, home health care, etc.);
- health care to be provided and/or withdrawn;
- authorization, withholding or withdrawal of life prolonging interventions;
- authorization of placement in a nursing facility or other health care setting appropriate to meet health care needs (extended care facility operated in connection with a hospital, private psychiatric hospital, nursing home, rehabilitation center, ICF/IID, etc.);
- decisions related to autopsy, organ/tissue donation, burial/cremation, and funeral arrangements AFTER the incapacitated adult is deceased (to the extent possible preparation for this should be discussed with the adult and plans made and documented in advance to ensure that the person's wishes are known and carried out);
- signing for release of the body to the funeral home;
- signing to authorize the funeral arrangements; and,
- authorizing the release of medical records to third parties for placement, billing, treatment planning, provision of care, etc.

**Note:** Anytime the Department, as Health Care Surrogate, signs any document, it must include a disclaimer that clearly states that the Department is not accepting any financial responsibility for these arrangements. Signature should be "West Virginia Department of Health and Human Resources by (worker's name)".

**The Health Care Surrogate may NOT make decisions in the following areas:**

- decisions regarding services that are not related to addressing the adult’s health care/medical needs;
- authorization of placement in/discharge from residential (non-health care) settings. This includes Adult Family Care, Assisted Living Homes, Specialized Family Care homes (Medley), Registered but Legally unlicensed homes, etc.;
- authorization of placement in Mildred Mitchell Bateman and Sharpe Hospitals (requires commitment proceeding to do involuntary placement in these settings); and,
- financial decisions.

**Note:** Though the Health Care Surrogate has decision making authority for health care matters, there are limits to what a Health Care Surrogate can do. Specifically, appointment of a Health Care Surrogate cannot GUARANTEE that the adult will be compliant with a recommended course of treatment and/or medical care. While the Health Care Surrogate does have a responsibility to authorize appropriate care/treatment, and to educate the adult to the extent possible about the benefits and consequences of compliance/failure to comply, they cannot force the adult to exercise good judgment, take medications as prescribed, comply with medical procedures, etc. Also, as the incapacitated adult’s authorized representative the Department does have access to the health information necessary to carry out our responsibilities as Health Care Surrogate [[HIPAA Privacy Rule 45 CFR.164.502\(g\)](#)]

## **5.20 Placement Decisions**

Unless specifically excluded by the Order of Appointment, the Guardian will be involved in making decisions regarding living arrangements and placement on behalf of the protected person. As with all decisions made by the Guardian substitute decision-maker, the known and expressed wishes and values of the protected person are to be considered when making these decisions.

### ***Guardianship Placement Decisions:***

Due to physical and/or mental incapacities, some clients may be unable to reside in their own home, even with provision of a variety of supportive services. When this is the situation, the Adult Service worker must evaluate the client’s circumstances, needs, supports, family relationships, proximity to the adult’s home community and available resources to assist in identifying and facilitating the most appropriate, least restrictive placement alternative. Options to consider include the following:

- Placement with a relative, friend, or other interested party (with or without supportive services);
- Adult Family Care (see AFC Policy for detailed information);
- Specialized Family Care Home (Medley);
- ID/DD Waiver program;
- Adult Group Home (serves mentally ill via community behavioral health centers);
- Residential Board and Care facility; (see RB&C Policy for detailed information);
- Personal Care Home; (see PCH Policy for detailed information);

## WV Substitute Decision-Maker Policy

- ICF/IID Group Home;
- Nursing Home; and,
- Rental Housing.

The Guardian is to be an active participant in determining the most appropriate placement option for the client and authorizing placement, but it is not solely the Guardian's responsibility to find the placement setting. However, it is appropriate for the Guardian to assist with finding and determining an appropriate placement setting and ultimately authorizing the placement. The Department as Guardian is not to authorize placement in a setting that is not certified or licensed by the Department (licensed by the Office of Health Facilities Licensure and Certification). If the protected person already resides in this type of placement setting, whether the individual is permitted to remain in this setting will be dependent of several factors including:

- The extent to which the placement setting, and the provider adequately meets the adults needs;
- Duration in this setting;
- Relationship of the protected person with the provider/caregiver; and,
- Expressed desire of the adult to remain in the setting.

If the client's needs are adequately met, disruption of the placement is anticipated to have a negative impact on the protected person, and the arrangement's continuation is desired by both the protected person and the provider, consideration should be given to permitting the adult to remain if doing so would be in their best interest.

In addition to assisting with decisions regarding the type of placement setting that is most appropriate, the Guardian may also assist with applying for benefits to fund housing or placement needs (i.e., HUD Housing, Medicaid - for nursing home payment, admission forms for placement in long-term care setting, Medicaid Waiver, hospital admission, etc.). When the Department as Guardian signs these types of documents, the Adult Service worker must document in writing beside their signature that the Department's signature DOES NOT imply or guarantee payment by the Department.

### ***Health Care Surrogate Placement Decisions:***

The Health Care Surrogate will be involved in making decisions regarding living arrangements/placement on behalf of the adult only when these decisions relate to placement in or discharge from a health care/treatment facility or program. It is not solely the Health Care Surrogate's responsibility to find the appropriate placement setting. As with all decisions made by the Health Care Surrogate, the known and expressed wishes and values of the adult are to be considered when making these decisions.

Examples of health care/treatment settings include:

- extended care facility operated in connection with a hospital;
- private psychiatric hospital;
- nursing home;
- rehabilitation center;
- ICF/IID Group Home.



While the Health Care Surrogate is to be an active participant in determining the most appropriate health care/treatment placement option for the client and can authorize placement in this type of setting when appropriate, it is not solely the Health Care Surrogate's responsibility to find the health care/treatment setting. It is appropriate for the Health Care Surrogate to authorize the placement in this type of setting. The Department as Health Care Surrogate is not to authorize placement in or discharge from any setting that is not a health care setting.

**Note:** Whenever the Department becomes aware of an unregistered residential provider that is operating, the worker is to advise the provider that they are required to register with the Office of Health Facility Licensure and Certification (OHFLAC) if they have not already done so. The worker must also send written notification to OHFLAC of the existence of the home.

### **5.21 Medical Decisions**

A substitute decision-maker will make all medical decisions unless specifically excluded by the Order of Appointment in a Guardianship case. The substitute decision-maker will be involved in making medical and health care related decisions on behalf of the protected person.

As with all decisions made by a substitute decision-maker, the known and expressed wishes and values of the protected person are to be considered when making these decisions. In addition, if the protected person has one or more Advance Directives, such as a DNR, Living Will, or other documents that express the protected person's personal wishes, medical decisions of the substitute decision-maker will be guided by these documents to the extent possible. If the substitute decision-maker believes it is not possible to do so in Guardianship case, approval of the court to deviate from the provisions in the applicable directive must be obtained in advance. Examples of medical decisions the substitute decision-maker may be called upon to make, include decisions regarding the following. This is not intended to be an all-inclusive list:

- Routine medical care;
- Emergency medical care;
- Life prolonging measures;
- Admission to/discharge from medical treatment facility (NH, ICF/IID, hospital, substance abuse treatment facility, etc.);
- Behavioral health services;
- Therapeutic treatment;
- This form must be completed and signed by the attending physician. The worker should not complete the form but it would be appropriate for him/her to sign the completed form as the legal representative if the Department has been appointed as the Guardian or Health Care Surrogate;
- Home health services; and,
- Hospice care.

Some medical decisions can be very difficult to make, particularly when the protected person is unable to communicate their wishes and their wishes/values are not known by the substitute decision-maker. Examples might include amputation of a limb, placement of an artificial feeding device, placement on/removal from a ventilator, exploratory surgery, etc. In these instances, an

Ethics Consult may be necessary. Many times, the health care facility providing treatment will have an internal Ethics Committee to assist with these decisions. If an internal Ethics Committee is not available, or if the worker is not comfortable with the recommendation of the facility's internal committee, an Ethics Consultation may be requested by contacting the Office of Social Services, Adult Services Consultant.

**Note:** When the Department is appointed the substitute decision-maker, completion of the POST form by the physician/medical provider to document the existence of advance directives, medical decision-makers, etc. is to be encouraged. This form must be completed and signed by the attending physician. The worker should not complete the form, but it would be appropriate for him/her to sign the completed form as the legal representative if the Department has been appointed as the Guardian or Health Care Surrogate. In addition, as the incapacitated adult's representative, the Department does have access to the health information necessary to carry out responsibilities as Health Care Surrogate [[HIPAA Privacy Rule 45 CFR.164.502\(g\)](#)].

## 5.22 End-of-Life Decisions

Unless specifically excluded by the Guardianship Order of Appointment, the substitute decision-maker may be involved in making decisions on behalf of the protected person regarding end-of-life care. As with all decisions made by the substitute decision-maker, the known and expressed wishes and values of the protected person are to be considered when making these decisions. In addition, if the protected person has one or more Advance Directives, such as a DNR, Living Will, or Medical Power of Attorney, end-of-life decisions of the substitute decision-maker will be guided by these documents to the extent possible.

Decisions that the substitute decision-maker may be called upon to make include the following:

- Palliative care/comfort measures (pain management, etc.);
- Use/removal of life support;
- Funeral arrangements; and,
- Organ/tissue/body donation
- Agreeing to a DNR (no code) when one does currently exist; and,

Any deviation from an existing Living Will or Medical Power of Attorney or to revoke or amend a Durable Power of Attorney must be authorized, in advance, by the court. End-of-life decisions can be very difficult to make, particularly when the protected person is unable to communicate their wishes and their wishes/values are not known by the Guardian. Examples might include amputation of a limb, placement of an artificial feeding device, placement on/removal from a ventilator, exploratory surgery, etc. In these instances, an Ethics Consult may be necessary. Many times, the health care facility providing treatment will have an internal Ethics Committee to assist with these decisions. If an internal Ethics Committee is not available, or if the worker is not comfortable with the recommendation of the facility's internal committee, an Ethics Consultation may be requested by contacting the Bureau for Social Services, Adult Services Consultant.

## WV Substitute Decision-Maker Policy

The Guardian or Conservator of a protected person shall terminate upon the death of the protected person, provided, that in the absence of an Advanced Directive or pre-need burial or cremation contract, after the death of the protected person, a Guardian or a Conservator, shall have authority to make decisions regarding the body of the deceased protected person for the purposes of authorizing an autopsy and making funeral arrangements. The Guardian's or Conservator's authority shall continue until an executor or an administrator has been appointed [WV Code §44A-4-5](#).

Therefore, it is essential the substitute decision-maker discuss funeral arrangements and preferences with the protected person, their family (when applicable), care providers (i.e. Adult Family Care Providers, Specialized Care Provider), funeral homes and the Conservator (if applicable) in advance and facilitate the pre-need burial arrangement if possible. The Department as Guardian is not responsible for payment of the individual's burial costs. The Indigent Burial program through Income Maintenance may be utilized, but the funeral director or family member must make the application. The Department is to follow if known the clients wishes for their burial procedure, if not known the Department can approve a traditional burial and/or cremation as last resort.

Organ Donation is an end-of-life decision that can be written in an Advanced Directive (i.e. Living Will), indicated on an individual's driver's license, through the - [CORE | Center for Organ Recovery & Education](#) or simply made known by the individuals expressed wishes. It is essential that the worker discusses organ, tissue, and/or body donation with the client and family prior to the client becoming deceased. It is recommended that the worker make every attempt to obtain the clients wishes in writing. If the Department is the substitute decision-maker, the Adult Service worker will need to gain approval from the supervisor for an organ donation and then make an official request through the court for permission to proceed. An Ethics Consult can always be requested if there are any questions that arise from family and/or interested parties concerning this decision. If the wishes of the protected person are not known regarding organ, tissue, or body donation, donation will not be authorized by the Department.

There are hospitals in designated regions that serve the [Center for Organ Recovery and Education](#) (CORE) as a referral site for potential donors. You may contact CORE at 1- 800-DONORS-7. This is a 24 hour a day service.

### ***Do Not Resuscitate (DNR) Order***

A Do Not Resuscitate order (DNR) is a physician's order, issued by a licensed physician authorized to practice in the state of West Virginia. The order specifically states that cardiopulmonary resuscitation should not be administered to a certain person. The requirements related to issuing a do not resuscitate order are contained in [WV Code §16- 30C](#).

In situations where the Department has been legally appointed to act as substitute decision-maker for the protected person the decision of whether to sign a DNR should not be taken lightly. The decision to sign a DNR must be made on a case by case basis. Careful consideration should

be given to the substitute decision-makers knowledge of the client and their expressed wishes. In no instance is the Department to routinely sign DNR orders.

When a DNR is being considered or has been requested by the attending physician, the Adult Service worker must consult the medical professional(s) to gather applicable information about the client's medical/physical condition, prognosis for improvement, impact of health condition on quality of life, etc. Approval must be granted by the supervisor prior to a DNR being signed by the Adult Service worker. Whenever the decision of whether or not to sign a DNR is in question, the Adult Service worker is strongly encouraged to consult with the Ethics Committee in the facility where the adult resides if applicable and/or the Ethics Committee of the Bureau for Social Services. The Bureau for Social Services Committee assists in resolving ethical problems in client care using a Multi-Disciplinary Ethics Consultation Service (ECS) which is a sub-committee of the Ethics Committee.

In certain instances, only one physician is required to do a DNR. These are:

- When the individual has capacity and authorizes their attending physician to do a DNR; and,
- When the individual is incapacitated but has a legal representative or health care decision-maker who authorizes the attending physician to do a DNR.

The opinion of a second physician is required when:

- The individual is incapacitated and there is no representative or health care decision-maker available; and,
- The patient is a minor child under the age of 16.

**Note:** The Department SHALL NOT routinely authorize a DNR. Each individual situation must be considered thoroughly to determine if this is appropriate and supervisory approval must be obtained prior to signing a DNR.

### **5.23 Resolving Conflicts Between Advance Directives**

There may be times when advanced directives conflict with one another or with decisions being made on behalf of the incapacitated adult. When a conflict exists, the following rules apply:

- Generally, directives set forth in a Medical Power of Attorney or Living Will are to be followed since these are the personal expression of the adult's wishes, executed prior to their becoming incapacitated;
- If there is a conflict between the adult's expressed wishes and the decisions made by the Medical Power of Attorney or Health Care Surrogate, the adult's expressed wishes are to be followed;
- If there is a conflict between two written advance directives executed by the adult, the one most recently completed takes precedence, but only to the extent needed to resolve the inconsistency; and,
- If there is a conflict between decisions of the Medical Power of Attorney or Health Care Surrogate and the adult's "best interest" as determined by the attending physician when the adult's expressed wishes are unknown, the attending physician is to attempt to resolve the conflict by consulting with a qualified physician, an Ethics Committee or other

means. If the conflict cannot be resolved, the attending physician may transfer the care of the adult to another physician.

## 5.24 Relationship Decisions

Unless specifically excluded by the Order of Appointment, the Guardian may be involved in making decisions regarding the interpersonal relationships between the protected person and others. These may be some of the most difficult decisions that a Guardian is called upon to make. As with all decisions made by the Guardian, decisions are to consider the known and expressed wishes and values of the protected person as well as their best interest. It is essential that decisions be guided by these factors rather than the personal beliefs and values of the worker. It is important also to facilitate development and maintenance of interpersonal and family relationships unless it is detrimental to the protected person to do so. Decisions that the Guardian may be called upon to make include decisions regarding the following (this list is not intended to be all inclusive):

### *Visitation with relatives*

- A relative may file an application with the court requesting access to the protected person including visitation or communication and have a hearing within 60 days or no less than 10 days if there has been a recent significant decline in the protected person's health or death is imminent.
- The Guardian shall be personally served with a copy of the application and cited to appear for hearing.
- Visitation with friends;
- Intimate relationships;
- Protection from victimization and exploitation by others; and,
- Protection from abuse or neglect by others;

There are certain changes related to the protected person's interpersonal relationships that require approval of the court in advance. These include:

- Change in the protected person's marital status; and,
- Termination of the protected person's parental rights.

**Note:** Though the Guardian has decision making authority, there are limits to what a Guardian can do. Specifically, appointment of a Guardian cannot GUARANTEE that the protected person will be compliant. While the Guardian does have a responsibility to recommend appropriate services, treatments, and living arrangements, and to educate the protected person to the extent possible about the benefits and consequences of compliance and failure to comply, they cannot force the protected person to exercise good judgment, maintain acceptable personal hygiene, take medications as prescribed, etc.

**Note:** When authorization of the court is required in advance; the adult service worker should advise his/her supervisor immediately and promptly refer the matter to the Legal Counsel for Adult Services for review and assistance.

## 5.25 Financial Decisions

The financial situation of the protected person can directly impact decisions made by the substitute decision-maker; however, the substitute decision-maker is not authorized to make financial decisions. Because the protected person's financial situation is inter-related with the ability to meet their needs, it is essential the substitute decision-maker work closely with the financial representative, whether a Conservator, payee, trustee, etc., as decisions are being made.

The Guardian may assist in ensuring the availability of adequate financial resources by applying for benefits on behalf of the protected person, seeking the appointment of a Representative Payee (when applicable), and petitioning for appointment of a Conservator (when applicable). Whenever a goal on the protected person's Service Plan will require expenditure of funds, the goal must be approved by Conservator/payee, etc. as applicable.

Occasionally the Circuit Court will appoint the Department to serve as Conservator for a protected person or will include responsibilities in a Guardianship appointment that relate to handling financial matters. Both situations are inconsistent with state statute. If the Department has been appointed Conservator, the appointment must be contested during the hearing, or if the Department is not party to the hearing, immediately upon receipt of notification of the appointment. Similarly, if the Department has been appointed Guardian but specific responsibilities enumerated in the order of appointment include making financial decisions, the inclusion of financial decisions must be contested immediately upon receipt of notification of the appointment. To initiate this process, the worker is to contact their supervisor immediately. The supervisor will contact the Legal Counsel for Adult Services to initiate filing of a Petition for Termination, Revocation or Modification of the appointment of Conservator or Guardian. This type of petition is available as a DDE and may be accessed through the reports area in CCWIS.

**Note:** Guardians or Conservators may make application for benefits (SSA/SSI, Medicaid application and reviews, Veterans Benefits, Medicaid Waiver services, etc.) but cannot administer any financial resources. The Department as Health Care Surrogate *may not* make application for benefits (SSA/SSI, Medicaid application and reviews, Veterans Benefits, Medicaid Waiver services, etc.).

If the Department is serving as Health Care Surrogate and if there is no other entity or interested person to complete the Medicaid or Medicare application for the client, the Adult Service worker as Health Care Surrogate may complete the application upon the approval of their supervisor as last resort. The Department as Health Care Surrogate may not make any other application for benefits (SSA/SSI, Veterans Benefits, Medicaid Waiver services, etc.).

Anytime the Department, as substitute decision-maker, signs any document, it must include a disclaimer that clearly states that the Department is not accepting any financial responsibility for these arrangements. Signature should be "West Virginia Department of Health and Human Resources by (worker's name)".

## **5.26 Guardianship Supportive Service Decisions**

Unless specifically excluded by the Order of Appointment, the Guardian will be involved in making decisions related to social and supportive services on behalf of the protected person. As with all decisions made by the Guardian, the known and expressed wishes and values of the protected person as well as their capabilities, strengths and limitations are to be considered when making these decisions.

Decisions that the Guardian may be called upon to make include decisions regarding the following:

- Transportation-if this is an identified service need the Guardian should assist with arranging for appropriate transportation services. The Guardian is not required to transport the protected person;
- Recreational services;
- Education and training services;
- Employment services;
- Rehabilitation and habilitation services; and,
- Application for benefits (SSA/SSI, Medicaid, Veterans Benefits, Medicaid Waiver services, etc.).

## **5.27 Ethics Consultation**

Making decisions for another person can be very demanding and difficult. The responsibility for making these decisions becomes more difficult when the substitute decision-maker does not have benefit of personal knowledge of the protected person and the protected person is no longer able to communicate their personal preferences. Most difficult of all, are those decisions related to dramatic life changing, medical procedures, and end-of- life care. Examples might include amputation of a limb, placement of an artificial feeding devise, placement on/removal from a ventilator, exploratory surgery, etc. In these instances, an ethics consult may be necessary to aid the Guardian in making these decisions. Many times, the health care facility providing treatment will have an internal ethics committee to assist with these decisions. If an internal ethics committee is not available, or if the worker is not comfortable with the recommendation of the facility's internal committee, an ethics consultation may be requested by contacting the Bureau for Social Services, Adult Services Consultant.

The worker is encouraged to seek an Ethics Consultation when:

- The protected person who has some degree of decision-making capacity will not agree to follow the course of action recommended by the Guardian and other professional (as applicable) and by not doing so may cause significant harm to him/herself or others;
- An impasse has been reached by local professionals on an ethical problem concerning the protected person;
- A non-Guardian, close relative or other interested party with a legitimate interest in the protected person disagrees with a significant decision to be made by the worker;
- A decision must be made which is very unusual, unprecedented, or very complex ethically; or,

## WV Substitute Decision-Maker Policy

- A decision needs to be made about whether or not to withhold or withdraw life-sustaining medical treatment for a client who totally lacks capacity and whose wishes and values are not well enough known to predict what the client would choose.

An Ethics Consultation may be initiated by the worker in consultation with the supervisor. Requests for consultation should be made by contacting the Adult Services Consultants serving the region where the incapacitated adult resides. It should be noted that decisions of the Ethics Committee are recommendations. The final decision rests with the Department as substitute decision-maker. The Ethics Committee is made up of the following entities: Social Service Supervisor, Social Service Worker, Adult Service Consultants, State Adult Service Policy Unit, Regional Program Manager of the requesting region, and/or the Director for the Center for Health & Ethics of Law at West Virginia University 1-877-209-8086. Legal Counsel for Adult Services can be consulted if their counsel is needed.

### ***Consultation Protocol***

- The worker will complete the Ethics Consultation Intake Tool and submit it to the Adult Services Consultant. This completed form may be faxed if necessary. (The Adult Services Consultant will notify other members (at least one) of the Ethics Consultation Service group that a consultation has been requested and provide them, by fax if necessary, the information provided by the worker making the request;
- If possible, the Consultant will arrange a conference call in order to discuss the consultation request. The worker making the request, as well as any other relevant local individuals, should participate in this call. If it is not possible to arrange a conference call, then;
- The Consultant will discuss the consultation request with the members of the Ethics Consultation Service group and record their responses. More than one call to each member may be necessary. The resulting recommendation will be provided to the worker requesting the consultation; and,
- The Consultant will prepare an Ethics Consultation Summary documenting the consultation request and summarizing the consensus of the Ethics Consultation Service group members. This summary will be shared with the full Ethics Committee. To the extent possible, confidentiality shall be maintained by not identifying by name the client for whom the consultation was requested

## **5.28 Foster Care Youth turning 18**

There may be times when a youth in Foster Care will need to be transitioned to the Adult Services system. This determination will be made based on the results of a thorough Life Skills Assessment of the youth while a foster child. A Life Skills Assessment is a Comprehensive Assessment, designed to engage the young people in their transitions to adulthood, as they move from childhood into their teenage years. The assessment assists in determining life skills domains, deemed critical by youth and caregivers to assist youth transitioning to adulthood successfully. Specifically, before it is decided that a youth will need to be transitioned to the Adult Services system, the Foster Care worker is to ensure that the following is completed: [Foster Care Policy](#).



## WV Substitute Decision-Maker Policy

- Assures that each youth in a Foster Care placement completes the Life Skills Assessment and any needed Supplemental Assessments, no later than 30 days following his or her 14th birthday or within 30 days of entering Foster Care if the youth has already reached the age of 14 years of age or older.
- The youth's worker must ensure that the Foster Care agency staff or foster/adoptive parents perform the annual re-assessment of the Life Skills Assessment until the youth is discharged from Foster Care.
- Use of the Life Skills Assessment curriculum to continuously evaluate and measure progress and readiness in the areas of functional capabilities and mastery of core life skills areas.

If a youth is not progressing through the Life Skills Assessment curriculum or the Special Needs curriculum, a comprehensive psychological evaluation, including an assessment of the youth's potential for independence when they reach adulthood, is to be obtained by the Foster Care worker.

At the point the determination is made, based on all of the identified assessment instruments, that self-sufficiency is not an appropriate goal for the youth and that transitioning to the Adult Services system is the likely goal, the Foster Care worker must begin planning for this transition. When the youth reaches age 17, the Foster Care worker must contact the local Adult Services staff to initiate their involvement in the case. The Adult Services worker must consult with their supervisor who will determine the appropriate action. Participation of the Adult Services staff at this point will be informal with the Foster Care worker retaining responsibility for the case. The role of the Adult Services staff at this point will be limited to the following, for the purpose of meeting the youth and becoming familiar with their circumstances, needs and personal preferences:

- Attendance at the youth's multi-disciplinary treatment team meetings;
- Participation in scheduled case staffing; and,
- Participation in the case review process.

Once the youth reaches age 17 years, 6 months, and if the plan continues to include transitioning to Adult Services and the Adult Services worker has an active role in implementing the youth's Service Plan, the Adult Services worker may become a secondary worker on the Foster Care case. From this point on, the Foster Care worker and the Adult Services worker should work jointly in planning for the youth's entry into adulthood and exit from Foster Care. Prior to the youth's 18th birthday, the Adult Services worker should request that the physician or advanced nurse practitioner complete the Appointment of Health Care Surrogate form to ensure that all possible candidates are considered prior to the Department being appointed to act as Health Care Surrogate. Until the youth is discharged from Foster Care, the Foster Care worker will retain responsibility for the case. See the Foster Care policy, Transition to Adult Care for detailed information.

When it is determined that a substitute decision-maker will need to be appointed for a youth who is transitioning from Foster Care into Adult Services, the Adult Services worker is to complete

a Request to Receive Intake. If a Guardianship substitute decision-maker is needed; the intake is to be entered when the youth reaches age 17 years, 10 months. An intake must be entered for when the youth turns 18 for a Health Care Surrogate – substitute decision-maker. The substitute decision-maker intake and case is to be separate from the Foster Care case. However, the substitute decision-maker case and Foster Care cases should be associated in CCWIS to show the relationship between the two and to maintain access to necessary information contained in the Foster Care case.

Opening the Guardianship case will involve completion of an Intake, completion of the Initial Assessment and completion of Case Connect in CCWIS. Once these are completed, the worker will have access to the Court screens and may initiate the petition process to request that a Guardian and/or Conservator be appointed. The petition may be filed sixty (60) days prior to the youth's 18th birthday. It may not be filed prior to this time. See SECTION 3 Assessment and SECTION 5 Case Management with emphasis on the following subsections: 3.8 Conclusion of Initial Assessment and 5.6 Appointment Process in a Guardianship Case for detailed information about the petitioning process.

**Note:** The general rule in Foster Care and Juvenile Service is that children and adults cannot be placed together in the same facility. There are exceptions to this rule. Children transitioning to Adult Services can be placed in an ICF/IID or other similar placement type facilities even though the facility may not already be entered into CCWIS. The Department should always place clients where and with whoever is in their best interest. The Payment and Vender Maintenance Department at the State office (304)558-0997 has the responsibility of entering the provider into CCWIS in these situations. The Payment Vender and Maintenance Department has the ability to enter the non-paid providers into CCWIS that are not licensed by child welfare such as the ICF/IID facilities. Certain information must be received prior to the Payment Vender and Maintenance Department can enter the information. The Adult Service worker needs to complete a W-9 concerning the provider and then attach it to The CCWIS Provider Form. The CCWIS Provider Form along with the W-9 then needs to be mailed to the state office Payment Vender and Maintenance Department.

The Department as the appointed Health Care Surrogate CANNOT sign an FC-18 to allow the client to stay in placement.

### **5.29 Compensation for a Court Appointed Guardian**

State statute provides for reasonable compensation to Guardians and Conservators for performing their duties. Statute does not specify what constitutes "reasonable compensation" but most parties who seek compensation request payment for their services at a rate of 5% of the protected person's monthly assets. For a Guardian or Conservator to receive compensation, the court must authorize the amount and frequency of compensation to be paid in advance. Compensation, if authorized, will be paid from the protected person's estate and may include reimbursement of costs advanced, including costs associated with filing the petition for

appointment of the Guardian/Conservator. The Department will not seek compensation for carrying out our responsibilities as Guardian.

In addition to compensation paid to Guardians and Conservators, attorneys appointed to represent the protected person in a Guardianship proceeding will receive reasonable compensation for their services. If the protected person has sufficient resources, the court may approve payment of attorney's fees from the estate. If the protected person does not have sufficient resources to cover this cost, the attorney will be paid at a rate established by the West Virginia Supreme Court of Appeals from funds allocated for this purpose. In the later instance the attorney must submit an invoice to the West Virginia Supreme Court of Appeals requesting payment.

### **5.30 In State/out of State Guardian**

#### ***Guardian Appointed in a State Other than West Virginia***

When a protected person becomes a resident of West Virginia and the substitute decision maker resides in another state, the existing Guardian may continue to serve if the appointment was executed in accordance with the laws of West Virginia or the state in which the appointment was made.

If the existing substitute decision-maker wishes to transfer Guardianship to West Virginia, they should file a petition for the appointment of a new Guardian. See [WV Code §44A-1-12](#) of the West Virginia Code. If the existing Health Care Surrogate wishes to transfer appointment to West Virginia, they should request appointment of a new Health Care Surrogate by the adult's physician in West Virginia in accordance with West Virginia law. [WV Code Chapter 16, Article 30](#) Generally, the Department will not be involved in these situations unless the Department is being appointed Guardian or the out of state Guardian requests information from the Department about filing the petition in West Virginia.

#### ***Protected Person Moves Out of State***

##### **Guardianship**

Before a protected person may transfer out of state, the Guardian must seek prior approval of the court. When it is suggested to move Protected Person out of State; the adult service worker should advise his/her supervisor immediately and promptly refer the matter to the Legal Counsel for Adult Services for review and assistance.

In preparation for a transfer to another state and filing of the petition, the worker must contact the appropriate agency in the receiving state to determine the appropriate process for appointment of a new Guardian. The Department should request that the receiving state become the Guardian, decision-maker, or fiduciary for the protected individual. If the receiving state accepts Guardianship appointment of the protected individual the Department should not retain Guardianship for the protected individual who no longer resides in West Virginia.

In circumstances in which the receiving state declines to become Guardian, decision maker and/or fiduciary for the protected individual the Department may retain Guardianship of the

protected individual, however the Department will continue to seek other possible potential decision-makers. Should the Department determine to place the protected individual out of state that determination should be of last resort and only after all other placement resources have been exhausted. A payment resource must also be secured prior to the protective individual being placed out of state and a policy exception must be requested and approved before any out of state placement occurs. When the protected individual is placed out of state and the Department retains decision making authority all case practices and policy must continue to be followed.

### Health Care Surrogate

The Department is not to retain the health care surrogate appointment for an incapacitated adult who no longer resides in the state of West Virginia. Whenever the incapacitated adult is transferring out of state, the worker should provide written notification to the medical professionals and facilities that provided immediate treatment and care and who appointed the Department as Health Care Surrogate and the client that we will no longer be able to serve. After completion of all notifications and the final assessment, the Health Care Surrogate services case is to be closed.

## **SECTION 6 Case Review**

### **6.1 Introduction**

Evaluation and monitoring of the substitute decision-maker case and the progress being made should be a dynamic process and ongoing throughout the life of the case. Frequent monitoring is essential in order to ensure that the client's needs are adequately met and to make alternate arrangements in a timely manner as appropriate.

### **6.2 Purpose**

The purpose of case review is to first evaluate the client's functioning, needs, and capabilities and second, to consider and evaluate progress made toward goals and objectives set forth in the Service Plan. The Adult Service worker must consider issues such as progress made, problems or barriers encountered, effectiveness and continued appropriateness of the current plan in addressing the identified problem areas, and whether or not modifications/changes are indicated including whether or not a substitute decision-maker continues to be needed. An informal review is to be completed at each face-to-face contact with the client and a formalized review completed at 6 month intervals.

### **6.3 Time Frames**

When a Substitute Decision Maker case is first opened, maintaining frequent contact with the protected person is essential in order to establish a relationship between the worker and the protected person as well as to provide an opportunity for the worker to monitor the protected person's functioning and assess for additional needs. In order to do so effectively, the worker is to have frequent face-to-face contact with the protected person.

***Client Resides in Community***

For an individual living in a community setting, face-to-face contact should be made at least once weekly during the first month. Thereafter, the worker must have face-to-face contact with the protected person at least once **monthly**. This is the minimum standard and applies to Guardianship and Health Care Surrogate cases. Workers are strongly encouraged to have more frequent contact. The need for more frequent contact with the client should be determined based on their unique needs and circumstances. These contacts are to be documented in CCWIS within 3 business days of completion of the contact. Documentation is to be pertinent and relevant to carrying out the activities set forth in the Service Plan.

***Guardianship Client Resides in a Supervised Placement***

For an individual receiving Guardianship Services and who live in a supervised placement setting, face-to-face contact should be made at least once during the first month. Thereafter, the worker must have face-to-face contact with the protected person at least **every 60 days**. These contacts are to be documented in CCWIS within 3 business days of completion of the contact. Documentation is to be pertinent and relevant to carrying out the activities set forth in the Service Plan. This is a minimum standard. Workers are strongly encouraged to have more frequent contact. The need for more frequent contact with the client should be determined based on their unique needs and circumstances.

***Health Care Surrogate Client Resides in a Supervised Placement***

For an individual receiving Health Care Surrogate Services and who live in a supervised placement setting, face-to-face contact should be made at least once during the first month. Thereafter, the worker must have face-to-face contact with the individual at least **every 90 days**. These contacts are to be documented in CCWIS within 3 business days of completion of the contact. Documentation is to be pertinent and relevant to carrying out the activities set forth in the Service Plan. This is a minimum standard. Workers are strongly encouraged to have more frequent contact. The need for more frequent contact with the client should be determined based on their unique needs and circumstances.

Whenever there is both an open substitute decision-maker case and Adult Residential Services case, efforts should be made by the workers to coordinate visits with the client whenever possible.

Supervised settings include:

- Adult Family Care;
- Assisted Living (RB&C, PCH, etc.);
- Nursing Home;
- ICF/IID Group Home;
- ID/DD Waiver Home;
- Specialized Family Care Homes (Medley); and,
- Others.

Formalized Case Review must occur at 6 months following opening of the Substitute Decision-Maker case and again at six 6 months intervals thereafter until case closure at a minimum. The

worker should review the case record prior to contact with the client. The Service Plan and other applicable parts of the case record are to be updated as part of each six 6 month review process and between reviews if circumstances warrant. Any time there is a significant change in the client's circumstances, these are to be documented. This documentation is to include any changes necessary in the Service Plan and any modifications to the Comprehensive Assessment, as applicable.

**Note:** Information documented in CCWIS as part of the six 6 month review will be used to create the Periodic Report to the Court for a Guardianship case which is available as a DDE. Therefore, it is advisable to schedule reviews to coincide with submission of this report.

#### **6.4 Conducting the Review**

A formal review of the Substitute Decision Maker case must be completed at least six 6 months following case opening and again at six 6 month intervals thereafter until case closure. The review process consists of evaluating progress toward the goals identified in the current Service Plan. This requires the Adult Service worker to review the Service Plan and have a face-to-face contact with the client and caregiver/provider, if applicable. Follow-up with other individuals and agencies involved in implementing the Service Plan, such as service providers, must also be completed.

During the review process, the Adult Service worker is to determine the following:

- Client's current functioning and whether or not there has been improvement or a decline in functioning since the previous review;
- Extent of progress made toward goal achievement;
- Services or intervention provided during the review period and the effectiveness of each;
- Whether or not the identified goals continue to be appropriate and, if not, what changes or modifications are needed;
- Barriers to achieving the identified goals;
- Recommendations to the court regarding services, continued need for a Guardian, suggested changes, etc.; and,
- Other relevant factors.

**Note:** The above information will be used to create the Periodic Report to the Court; therefore, thorough, and complete documentation is essential. In the event the Department can locate an alternate Health Care Surrogate, the worker is to begin working toward having that individual/entity appointed in place of the Department and the Health Care Surrogate. Once the new appointment is made, the case is to be closed.

#### **6.5 Documentation of Review**

At the conclusion of the review process the Adult Service worker must document the findings in CCWIS. This includes summarizing the client's circumstances and progress, reviewing the Service Plan in CCWIS and end date any goals that have been achieved or are to be discontinued or modified for some other reason(s). Goals that have not been end dated on the Service Plan must be continued on the new Service Plan and additional goals may be added as appropriate.

In addition, when there have been changes in the following areas, and the annual Comprehensive Assessment is not yet due, the updated information must be documented as a modification to the Comprehensive Assessment:

- Caregiver status;
- Client decision-making capacity;
- Client financial management capability;
- Client environment or household;
- Client behavioral functioning; and,
- Client ability to meet ADL's.

When the review process is completed, the Adult Service worker must submit the new Service Plan and Summary Evaluation and, if applicable, the modified Comprehensive Assessment to the supervisor for approval. Once approved, the Adult Service worker must print a copy of the revised Service Plan and secure all required signatures. Finally, they must provide a copy of the Service Plan to the client and to all signatories. The original signed Service Plan is to be filed in the client's case record (paper file) and recorded in Document Tracking.

### **6.6 Assessment Prior to Substitute Decision-Maker Case Closure- Guardianship**

A Guardianship case in which the Department is the appointed Guardian cannot be closed until the court issues an order terminating this appointment or, if the protected person is deceased, upon petition by the Department requesting termination. A final evaluation must be completed as part of the case review process prior to closure of the case.

Upon completion of the final review, the Adult Service worker must document the results of this review in CCWIS and submit to the supervisor for approval of recommendation for case closure. The final report to the court must also be prepared and submitted to the court prior to closure of the Guardianship case. Upon supervisory approval and following submission of the final report to the court, the case is to be closed for Adult Guardianship Services.

If the case is being closed due to the client being deceased, the Adult Service worker is required to attach a copy of the client's death certificate along with the final evaluation report [Petition for Termination, Revocation or Modification of Appointment](#) to the Circuit Clerk's office. The death certificate can be obtained through the State Registrar of Vital Statistics (304)558-8016. The death certificate can also be obtained from the funeral home or other entity that may be handling arrangements of the deceased body. Generally funeral homes do not charge a fee for providing a death certificate. If the Department is charged a fee, the Adult Service worker will obtain payment for this service through the local Financial Clerk. Reimbursement to the local DHHR office for this payment is accomplished via a Demand Payment in CCWIS. The case must not be closed until the Demand Payment in CCWIS has been generated. See [Other Demand Payments](#) for further details.

**Note:** It is essential that all documentation in the case is completed prior to closure of the case.

## **6.7 Health Care Surrogate**

There are certain situations when the resignation or termination of the Health Care Surrogate appointment is permitted. These include situations include when 1) the adult is no longer incapacitated or 2) when the surrogate is unwilling or unable to serve. In either situation the surrogate's authority will cease.

### ***Adult Regains Decision-Making Capacity***

In the situation where the individual is found to have regained capacity, this must be certified by a medical professional (attending physician, qualified physician, qualified psychologist or advanced nurse practitioner). For someone to officially regain capacity they must be examined by a medical professional(s) to say they have gained capacity to make their health care decisions, [WV Code §16-30-22](#). *The general rule of determining capacity could therefore be stated; that it takes only one medical professional to make a determination of capacity, and it takes only one medical professional to make a determination that an individual has regained capacity.* When termination is being done for this reason, the worker should request written verification of this determination. Upon receipt of this documentation this is to be filed in the case record and recorded in Document Tracking and the worker is to proceed with case closure. In the event written notification is not received, the Department is to send written notification to applicable medical professional advising of the Department's resignation as Health Care Surrogate. In addition, the client and legal representative, if applicable, is/are to be notified in writing. (See Reports-Negative Action Letter for details about notification of the client/legal representative).

### ***Surrogate No Longer Willing/Able to Serve***

The Department may be unable to serve in certain situations. Examples include:

- unable to locate client;
- loss of contact with client;
- client moved out of state;
- inability to fulfill our responsibilities as Health Care Surrogate due to client's failure to comply or refusal to comply with needed treatment/care; and,
- failure of the provider to share necessary medical information.

Whenever the Department resigns as Health Care Surrogate, written notification must be sent by the worker to all medical professionals who have the Department identified as the Health Care Surrogate of record. This notification is to advise these parties of the Department's resignation as Health Care Surrogate. In addition, the client and legal representative, if applicable, is/are to be notified in writing. (See Reports-Negative Action Letter for details about notification of the client/legal representative).

## **6.8 Payment by the Bureau for Social Services**

### ***Fees Associated with Filing a Petition***

The Bureau for Social Services pays for certain limited expenses associated with petitioning the court for appointment of a Guardian. When the Department is the petitioner, the following fees may be required and are to be submitted along with the petition when filed:



## WV Substitute Decision-Maker Policy

- Filing fee (established by statute);
- Fees associated with service of process (varies from one jurisdiction to another);
- Fees for certified mail for required notification of parties; and,
- Filing fees.

### ***Process for Filing Fees***

The following process is to be used for the filing fee and costs associated with filing the petition:

- Worker requests a DF-67 (transmittal form) from the local Financial Clerk;
- Worker completes DF-67 and submits to the supervisor for approval;
- Submit completed, approved DF-67 to the Circuit Clerk and obtain Circuit Clerk's signature on DF-67 and an invoice;
- Return signed documents to the local Financial Clerk who will cut the check;
- Attach the check to the petition and other required documents and file with the Circuit Clerk;
- Upon filing the petition, worker will obtain itemized receipt for fees paid; and,
- Complete a Demand Payment in CCWIS for applicable fees, payable to the local general assistance account, to reimburse this account for funds expended.

This is the established procedure to ensure reimbursement to the local general assistance account. There may be some variation to this procedure from one district to another. The worker or Financial Clerk may enter the Demand Payment request. These payments need to be completed within six 6 months of the petitions filing date.

### ***Other Demand Payments***

There are certain other limited costs that may be paid when necessary and not covered by any other source. These are not routine costs associated with the petitioning process but may be paid in rare instances and only when they are required and not covered by another source. These will be paid as a Demand Payment and will require approval of both the supervisor and the Bureau for Social Services (two-tier). Payments in this group are only available to Guardianship cases and include:

- Expert testimony;
- Medical evaluation (annual physical, psychological and/or psychiatric evaluations);
- Court reporter fee;
- Copies of court transcripts and related documents;
- Transportation;
- Interpreter; and,
- Birth and death certificates.

These types of Demand Payments are to be entered as a regular Adult Services Demand Payment. The request must include a clear explanation about why the payment is necessary, efforts to explore other funding sources, and other relevant information to justify the request. The worker must have the provider entered in the Service Log of the Guardianship case for payment to be made. The request must then be submitted to the supervisor for approval. Once supervisory approval is granted, the request will be forwarded by CCWIS to the Adult Services Unit in Bureau

for Social Services for the final approval. In addition, these payments need to be completed within six 6 months. Before payment is made for an interpreter, court reporter and/or any other payments all other resources must be exhausted prior to Department making payment. The Department is to only pay the Medicaid rate.

Culturally competent practice is ensured by recognizing, respecting, and responding to the culturally defined needs of individuals that we serve. If someone needs an interpreter, the worker must contact local resources to locate an interpreter. Examples include, but are not limited to, the Board of Education, local colleges, and Division of Rehabilitation. If a local community resource cannot be located, the worker will seek other resources such as the Department of Justice Immigration and Naturalization Service at (304) 347-5766, 210 Kanawha Boulevard, West, Charleston, WV 25302. If an interpreter is used, confidentiality must be discussed with this individual, reminding them that all information is confidential and must not be shared with anyone.

There are certain payment types that Guardianship clients are not eligible for. These include:

- Clothing allowance payments, unless they are placed in an adult residential placement setting for which the Department is making a supplemental payment. See Adult Residential Services policy for detailed information; and,
- Special medical authorizations.

In addition, the Department is not responsible for payment of legal fees for the court appointed counsel to the protected person in Guardianship proceedings. This payment, by statute, is the responsibility of the state Supreme Court.

## **6.9 Transfer of Cases between Counties**

There may be situations where a substitute decision-maker case must be transferred from one county to another. When it is necessary to transfer a Guardianship case from one county to another, this is to be a planned effort with close coordination between the sending county and the receiving county.

**Note:** Guardianship case is not to be transferred if the placement is a temporary arrangement (substance abuse treatment, inpatient psychiatric care, acute care hospital admission, etc.). In these instances, the originating county is to continue to carry the case. If there are times when it is a hardship for the county responsible for the case to maintain contact with the protected person as required, the supervisor may arrange with the Adult Services supervisor in the county where the facility is located to do a courtesy visit.

### ***Timing of Transfers***

It is recommended that case transfers be planned for the beginning or end of a month in order to minimize confusion related to payment, if applicable. If payment is an issue and it is not possible to transfer at the beginning or end of month; sending Adult Service worker must calculate the amount of payment due to the original provider from the client. If the client paid the provider the full monthly amount, the Adult Service worker must request that the original

provider reimburse a pro-rated amount for the remaining days of the month. This amount is then to be used by the client to pay the new provider upon placement. The client is responsible for paying the new provider in accordance with the new payment agreement.

### ***Sending County Responsibilities***

When it is necessary to transfer substitute decision-maker case from one county to another, the sending county is responsible for completing the following tasks:

- Prior to arranging or actually completing a transfer to a provider in another county, the sending supervisor must contact the supervisor in the receiving county to notify them that a client is being transferred to their county (if placement in the receiving county will be in an AFC, or an Assisted Living Residence an Adult Residential Services case should be opened with a secondary case type of Guardianship and carried by the receiving county.
- Provide a summary about the client's needs (i.e. reason for the transfer, problems in other settings, disturbing behaviors, family and financial resources, insurance coverage, and legal representative(s), if applicable);
- Arrange for a trial visit(s) by the client to the proposed setting. Whenever possible this visit should be arranged at the convenience of the receiving county and the new provider;
- Complete all applicable case documentation prior to case transfer;
- Immediately upon transfer of the client to the receiving county, send the updated client record (paper and CCWIS) to the receiving county; and,
- Notify the DHHR Family Support staff, the Social Security Administration office, and all other appropriate agencies of the client's change of address.
- Receiving County Responsibilities
- The receiving county is responsible for completing the following tasks in preparation for the transfer:
  - Notify the DHHR Family Support staff of the client's arrival when the transfer is complete;
  - Complete all applicable documentation; and,
  - Assist with arranging or initiating any needed community resources.

When a Guardianship case is transferred from one county to another, problems that arise during the first 30 day period following the transfer are to be addressed jointly between the counties. When this occurs, the receiving county may request assistance from the sending county. If such a request is received, the sending county is to work cooperatively with the receiving county to resolve the problem(s). The adult service worker should maintain frequent contact during this initial adjustment period to ensure a smooth transition. This will permit timely resolution of problems that may occur during this time.

### ***Court Requirements and Legal responsibilities - Change of Venue***

Change or transfer of venue is a legal process whereby the court with jurisdiction over a Guardianship proceeding may transfer jurisdiction of the proceeding to a court in another county or state pursuant to [WV Code §44A-1-7](#). A Guardian and/or Conservator shall continue to file their respective reports and/or accountings to the court that has jurisdiction over the proceeding.

**Note:** A transfer or change of venue for court jurisdiction is NOT routinely required when a case is transferred for services from one county to another. If a transfer of venue is to be considered the worker and his/her supervisor should consult with the Adult Welfare Consultant and Legal Counsel for Adult Services for assistance in assessing the need/criteria for transferring venue and drafting/filing the petition for transfer of venue to another county or state.

## **6.10 Legal Processes**

There are various legal remedies that may be appropriate for use in Guardianship cases. These are summarized in the following sections and primarily related to seeking necessary changes in the Guardianship appointment and/or Health Care Surrogate Appointment

## **6.11 Confidentiality**

### ***Confidential Nature of Adult Services Records***

Legal provisions concerning confidentiality have been established on both the state and federal levels. In federal law, provisions are contained in the Social Security Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On the state level, provisions pertaining to confidentiality for Guardianship cases are contained in [WV Code §44A-2-5](#) and [WVDHHR Common Chapters, Chapter 200](#). Specifically, requirements in [WV Code §44A-2-5](#) relate to confidentiality of the legal proceedings and the [WVDHHR Common Chapters, Chapter 200](#) addresses confidentiality of the case record of the Department.

Whenever the Department has been appointed as substitute decision-maker, under HIPAA requirements the Department is the personal representative for the adult. As such, they are considered to stand in place of the adult, having the ability to act on their behalf with respect to use and disclosure of the adult's protected health information. Specifically, under the HIPAA Privacy Rule the substitute decision-maker has access to the protected health information of the incapacitated adult to the extent that the information is relevant to carrying out the duties as substitute decision-maker. The substitute decision-maker also may authorize disclosures of the adult's protected health information to the extent this is necessary, such as information necessary for insurance, billing, and treatment purposes (45 CFR 164.502(g) and 45 CFR 164.524).

### ***When Confidential Information May be Released***

All records of the Bureau for Social Services concerning an Adult Guardianship Services client shall be kept confidential and may not be released, except as follows:

- Certain information may be released to the protected person or their documented legal representative. When releasing information to these parties, information that may NOT be included would be information and documents provided by another entity such as medical reports, psychological reports, information from Social Security Administration, etc.
- In addition, prior to release of case information the worker and supervisor must review the record to determine if any of the information contained therein would be detrimental to the protected person. If so, this information is to also be excluded from the information provided for review. In the event the request appears to be unreasonable or

questionable, supervisor/worker is to contact the Legal Counsel for Adult Services prior to release of any information;

- Upon written request, information about intellectually disabled adults may be shared with the federally recognized protection and advocacy entity within West Virginia (West Virginia Advocates or West Virginia EMS Technical Support Network). This request must state the specific
- information being requested and the reason(s) for the request. The recipient of this information must agree to keep all information shared confidential. (Sharing information does not apply to all advocacy groups - long-term care ombudsman, patient rights advocates, etc. It is limited to ONLY the federally recognized protection and advocacy entity); In addition, the worker must document the items which were sent.
- In some instances the court will seek information for use in their proceedings. (See Subpoenas, Subpoena duces tecum & Court Orders for detailed information);
- For reporting and statistical purposes, non-identifying information may be released for the preparation of non-client specific reports.
- The Appointment of Health Care Surrogate may be presented, as appropriate, to provide verification of the Department's legal relationship to the incapacitated adult, and the scope of authority granted by state statute.
- The Department, in our capacity as Health Care Surrogate, may release or authorize the release of necessary medical information about the incapacitated adult to third parties necessary for billing, insurance, and treatment purposes (45 CFR 164.524).

**Note:** When asked to release information the Adult Service worker may want to consult their Adult Service Supervisor and/or Legal counsel for adult services to ensure confidentiality compliance.

### ***Sharing Information with the West Virginia Advocates***

Conditions that apply when considering whether information may be shared with West Virginia Advocates are as follows:

- WVA does have authority under federal law to investigate allegations of abuse/neglect involving individuals with intellectual disabilities if the incident is reported to WVA or if there is probable cause to believe that the incidence occurred;
- WVA shall have access to all records within 3 days for 1) any individual with an intellectually disabled who is a client of WVA if they or their legal representative has authorized WVA to have access, 2) any individual with an intellectually disabled adult in a situation where the individual a) is unable to authorize WVA to have access, b) does not have a legal representative or the Department is Guardian and c) a complaint has been received by WVA or WVA has probable cause to believe the individual has been subject to abuse/neglect;
- When a request for access to the record is made based on probable cause, the basis for probable cause should be made known to the Department prior to access of the record;
- WVA shall have immediate access (within 24 hours of request) without consent to the records of the developmentally disabled individuals who meet the above criteria if WVA

determines there is probable cause to believe the health and safety of the individual is in serious and immediate jeopardy or in the case of death of the individual; and,

- If the entire record is requested, relevant case information may be copied (with the exception of the reporter's identity) and a reasonable charge may be assessed by the local DHHR to cover the time and cost involved in the duplication and mailing of the material.

### ***When Information is Released to the Courts***

In some instances, courts will seek information for use in their proceedings. See Subpoenas, Subpoena duces tecum & Court Orders below for detailed information. For reporting and statistical purposes, non-identifying information may be released for the preparation of non-client specific reports; and, The Order of Appointment may be presented, as appropriate, to provide verification of the Department's legal relationship to the protected person, and the scope of authority granted by the court (i.e. physician/medical treatment facilities, Veterans Administration, etc.).

## **6.12 Subpoenas, Subpoena duces tecum & Court Orders**

The Department may be requested by the court or other parties to provide certain information regarding substitute decision-maker cases.

The various mechanisms that may be used are:

- Subpoena;
- Subpoena duces tecum; and,
- Court order.

Upon receipt of any of these, the Department MUST respond. Failure to comply is contempt of court and could result in penalties. A subpoena commands a witness to appear to give testimony while a subpoena duces tecum commands a witness, who has in his/her possession document(s) that are relevant to a pending controversy, to produce the document(s) at trial. Subpoenas may be court ordered or administrative (ordered by a party other than the court). Though all subpoenas must be responded to, the manner in which this response occurs is somewhat different dependent on who issues the subpoena.

### ***Court Ordered Subpoenas***

These include subpoenas issued by the Circuit Court, the Magistrate Court, or the Mental Hygiene Commissioner. There may be times when a questionable court order or a subpoena requesting that confidential information be provided is received. In this event, the Adult Service worker must advise his/her supervisor immediately and promptly refer the matter to the appropriate Legal Counsel for Adult Services for review and possible legal action, including filing a motion to quash. In the event there is not sufficient time for the Legal Counsel for Adult Services to become involved in the situation, prior to the scheduled hearing, the Department should request a continuance until such time as legal representation can be arranged. If a continuance is not granted, the Department should comply with the subpoena or court order.

### ***Administrative Subpoenas***

These include subpoenas issued by an attorney or Administrative Law Judge (other than a DHHR Administrative Law Judge). These subpoenas generally request that the Adult Service worker appear to provide testimony and/or produce the case record. The Adult Service worker should advise his/her supervisor immediately and promptly refer the matter to the Legal Counsel for Adult Services for review and possible legal action, including filing a motion to quash.

### **6.13 Liability**

Substitute decision-makers have a fiduciary duty to the protected person. A fiduciary duty means that a special relationship of trust, confidence, or responsibility exists. When the Department is appointed to serve as substitute decision-maker this duty legally obligates the Department to act in the best interest of the protected person. An appointed substitute decision-maker who fails to fulfill their fiduciary duty may be held personally liable for a breach of that duty, including being required to pay restitution for any embezzled or concealed funds. The Guardian IS NOT liable for the acts of the protected person unless the Guardian is personally negligent in carrying out their duties.

### **6.14 Conflict of Interest**

To avoid any conflict of interest and ensuring optimal client services, the Adult Service worker must inform their supervisor immediately upon discovering that a friend, relative, or former co-worker, and anyone with close ties to the worker has been assigned to him/her for investigation or as an ongoing case. Upon this disclosure the supervisor has the discretion to transfer the case to another worker (and in some instances to another county) and restrict the case for limited access. The supervisor will then be responsible for informing their Social Service Coordinator and/or Community Service Manager of this issue. In addition, Adult Service workers should not solicit or accept any monetary gain for their services to the client other than their salary and benefits paid by the Department.

### **6.15 Exceptions to Policy**

In some circumstances exceptions to policy may be requested only after approval from the adult service consultant. Exceptions will be granted on an individual case by case basis and only in situations where client circumstances are sufficiently unusual to justify the exception. However, such exceptions are to be requested ONLY after other methods and/or resources have been exhausted. In that event, requests must be submitted as a policy exception in CCWIS. The policy exception request is to be submitted by the Adult Service worker to the supervisor. Upon supervisory approval, the request will be forwarded to the Adult Regional Consultant for final approval/denial. The approving supervisor will alert the Adult Regional Consultant that the request has been forwarded in CCWIS.

Policy exception requests must include:

- reference to the applicable policy section(s);
- explanation of why the exception is requested;
- alternate methods resources attempted;

- anticipated impact if the policy exception is not granted;
- efforts to resolve the situation;
- information supporting the request;
- the time period for which the exception is being requested; and
- other relevant information

In an emergency, the request for a policy exception may be made to and approved by the Adult Services Consultant verbally. Once verbal approval is granted by the consultant, the request for policy exception and all supporting information must be entered and approved in CCWIS within 5 working days.

## **SECTION 7 Case Closure**

### **7.1 Case Closure - General**

A Guardianship case in which the Department is the appointed Guardian cannot be closed until the court issues an order terminating this appointment or, if the protected person is deceased, upon petition by the Department requesting termination. A final evaluation must be completed as part of the case review process prior to closure of the case. See [Assessment Prior to Case Closure](#) for detailed information.

#### ***Notification of Case Closure***

If the case is closed for Guardianship services for any reason other than client death, written notification to the client or his/her legal representative is required. Notification is to be sent within 5 working days of the date services were terminated. A form letter titled “Notification Regarding Application for Social Services” [Negative Action Letter \(SS-13\)](#) is to be used for this purpose. This form is available in the Reports area of CCWIS. See Reports in CCWIS for additional information.

### **7.2 Client’s Right to Appeal**

A client or his/her legal representative has the right to appeal a decision by the Department at any time for any reason. To request an appeal, the client or his/her legal representative must complete the bottom portion of the “Notification Regarding Application for Social Services” and submit this to the worker’s supervisor within 30 days following the date the action was taken by the Department. The supervisor is to schedule a pre-hearing conference to consider the issues. If the client or his/her legal and all related information is to be forwarded by the supervisor to the hearings officer for further review and consideration. See [Common Chapters](#) for specific information regarding grievance procedures.

**Note:** The Department as the legal representative may not appeal a decision by another office/bureau within the Department. However, other parties, such as family members and/or advocates, may appeal the decision on the client’s behalf.



## **SECTION 8 Other**

### **8.1 Initial Assessment**

The Initial Assessment is completed in the Intake/Assessment phase of the casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.2 Comprehensive Assessment**

The Comprehensive Assessment is completed in the Assessment phase of the Guardianship casework process. It is a compilation of elements from several areas of the system and is available as a DDE in CCWIS, accessible through the Report area. This report may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.3 Service Plan**

The Service Plan is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. Creation of this form must be documented in the Document Tracking area of CCWIS. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, after printing the Service Plan the worker must secure all required signatures, provide the client and all signatories with a copy, file the original signed document in the client case record (paper record), and record in Document Tracking where the original signed document is located.

### **8.4 Petition for Appointment of Conservator/Guardian**

The Petition for Appointment of a Conservator/Guardian is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.5 Motion for Leave to File Guardianship Petition without Evaluation Report**

The Motion for Leave to File Guardianship Petition without Evaluation Report is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can

make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.6 Evaluation Report of Licensed Physician/Psychologist**

The Evaluation Report of the Licensed Physician/Psychologist is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.7 Affidavit of Physician (Certifying Protected Person Cannot Attend Hearing)**

The Affidavit of Physician is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.8 Petition for Permission to Resign as Conservator/Guardian**

The Petition for Permission to Resign as Conservator/Guardian is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.9 Petition for Removal of Conservator/Guardian**

The Petition for Removal of Conservator/Guardian is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.10 Petition for Termination, Revocation or Modification of Appointment**

The Petition for Termination, Revocation, or Modification of Appointment is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document,

populated with information that has been entered in CCWIS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.11 Statement of Financial Resources**

The Statement of Financial Resources is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then can make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.12 Periodic Report of Guardian**

The Periodic Report of Guardian is completed in the Case Management phase of the Guardianship casework process. This form is available as a DDE in CCWIS and may be accessed through the Report area. It may be opened as a Word document, populated with information that has been entered in CCWIS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the CCWIS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of CCWIS.

### **8.13 Intake Summary**

The Intake Summary is available as an on-line report based on information entered in the Intake/Assessment phase of the case. It may be accessed through the Report area.

### **8.14 Ethics Consultation Intake Tool**

The Ethics Consultation Intake Tool is the form to be used by the worker whenever an Ethics Consultation is being requested. The worker is to complete this form and submit it to the Adult Services Consultants in the Bureau of Children and Adult Services. The completed form may be faxed if necessary.

### **8.15 Ethics Consultation Summary**

The Ethics Consultation Summary form is to be completed by the Adult Services Consultants to document the consultation request. It also is used to summarize the consensus of the other committee members consulted on the case. When complete, the Summary will be retained on file in the Office of Social Services.

### **8.16 Negative Action Letter (SS-13)**

Anytime a negative action is taken in a substitute decision-maker case such as a reduction in services provided by the Department, the client or their legal representative must be provided with written notification of the action being taken. The action must be clearly and specifically

stated, advising the client/legal representative of the action being taken and the reason(s) for the action. In addition to notification of the action being taken, the client or their legal representative must be made aware of their right to appeal the decision and advised of what they must do to request an appeal. This form, titled "Notification Regarding Application for Social Services", is available in the Reports area of CCWIS.

## **Section 9 Nondiscrimination, Procedure & Due Process Standards, Reasonable Modification Policies, and Confidentiality**

### **9.1 Nondiscrimination**

As a recipient of Federal financial assistance, the Bureau for Social Services (BSS) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by BSS directly or through a contractor or any other entity with which BSS arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin) ("Title VI"), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability) ("Section 504"), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age) ("Age Act"), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Bureau for Social Services shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

In addition, BSS will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BSS programs, services, and activities. For example, individuals with service animals are welcomed in Department of Health and Human Resources, BSS, offices even where pets are generally prohibited.

In case of questions, or to request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a BSS program, service, or activity, please contact:

Children and Adult Services  
Section 504/ADA Coordinator  
350 Capitol St. Rm 691  
Charleston, WV 25301  
(304) 558-7980

## 9.2 Non-Discriminatory Placement Protocol

The Department ensures that all parties involved in adult welfare programs have equal opportunities. All potential placement providers for vulnerable adults, are afforded equal opportunities, free from discrimination and protected under the [American's with Disabilities Act](#) (ADA). The Department will not deny a potential placement provider the benefit of its services, programs, or activities due to a disability.

Under the American's with Disabilities Act it defines a person with a disability as:

“An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

The ADA does not specifically name all the impairments that are covered. The ADA does not allow a person to be discriminated against due to a disability in employment, state and local government activities, public transportation accommodations, telecommunication relay services, fair housing, air carrier access, voting accessibility or education. Examples of disabilities include physical disabilities which require auxiliary aides and mental health issues. Those persons with substance use disorders, including opioid use disorder, currently participating in a treatment option such as Medication Assisted Treatment (MAT), are also covered by the ADA. Participation in a MAT program is not considered the illegal use of drugs. Qualifying MAT programs are defined in [W. Va. Code §16-5Y-1, et seq.](#) The ADA also addresses the civil rights of institutionalized people and architectural barriers that impact people with disabilities.

When making diligent efforts to locate and secure appropriate placement for vulnerable adults, a worker cannot discriminate against a potential placement based upon a person with a disability according to the American's with Disabilities Act (ADA) Title II. The Department shall determine if the potential placement for the vulnerable adult represents a direct threat to the safety of the adult. Safety threat decisions will be based on assessment of the individual and the needs of the vulnerable adult, as the safety of the adult always remains at the forefront of the determination of the best interest of an adult, when placing a vulnerable adult in anyone's home. This determination cannot be based on generalizations or stereotypes of individuals.

If a provider protected under the ADA is identified as an appropriate and best interest placement for a vulnerable adult they may, at some point, require services specific to their disability in order to preserve the placement. In such situations, consideration for services must be given if it is in the best interest of the adult to preserve the placement. Any specific auxiliary aids or services should be determined by the worker at no cost to the provider and should be considered on a case by case basis.

## 9.3 Complaint Procedure and Due Process Standards

### ***A: Complaints Based on Disability or other Forms of Discrimination***

It is the policy of the West Virginia Department of Health and Human Resources (DHHR), not to discriminate on the basis of on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed. DHHR has adopted an internal complaint procedure providing for prompt, equitable resolution of complaints alleging discrimination. Laws and Regulations, 28 C.F.R. Part 35 and 45 C.F.R. Part 84, may be examined by visiting

<https://www.ada.gov/reg3a.html>. Additional laws and regulations protecting individuals from discrimination in adult welfare programs and activities may be examined by visiting the U.S Department of Health and Human Services website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/adoption/index.html>.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed may file a complaint under this procedure. It is against the law for the Bureau for Social Services, including employees, contracted providers or other BSS representatives, to retaliate in any way against anyone who files a complaint or cooperates in the investigation of a complaint.

***Procedure***

Complaints due to alleged discriminatory actions must be submitted to the Department of Health and Human Resources, Equal Employment Opportunity (EEO)/Civil Rights Officer within sixty (60) calendar days of the date the person filing the complaint becomes aware of the alleged discriminatory action.

The complainant may make a complaint in person, by telephone, by mail, or by email. To file the complaint by mail or email, a Civil Rights Discrimination Complaint Form, IG-CR-3 (See Appendix A) must be completed and mailed or emailed to the West Virginia Department of Health and Human Resources, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301 or email at [DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov). If the complainant requires assistance completing the IG-CR-3 form, they may request assistance from the department. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The complainant may also contact the WV DHHR, EEO/Civil Rights Officer, for more information.

West Virginia Department of Health and Human Resources  
Office of Human Resource Management  
EEO/Civil Rights Officer  
(304) 558-3313 (voice)  
(304) 558-6051 (fax)  
[DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov) (email)

The EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The EEO/Civil Rights Officer will maintain the files and records of Bureau for Social Services relating to such complaints. To the extent possible, and in accordance with applicable law, the EEO/Civil Rights Officer will take appropriate steps to preserve the confidentiality of files and records relating to complaints and will share them only with those who have a need to know.

The EEO/Civil Rights Officer shall issue a written decision on the complaint, based on the preponderance of the evidence, no later than thirty (30) calendar days after its filing, including a notice to complainant of his or her right to pursue further administrative or legal remedies. If

## WV Substitute Decision-Maker Policy

the EEO/Civil Rights Officer documents exigent circumstances requiring additional time to issue a decision, the EEO/Civil Rights Officer will notify the complainant and advise them of his or her right to pursue further administrative or legal remedies at that time while the decision is pending. The person filing the complaint may appeal the decision of the EEO/Civil Rights Officer by writing to the Director of Human Resources within fifteen (15) calendar days of receiving the EEO/Civil Rights Officer's decision. The Director of Human Resources shall issue a written decision in response to the appeal no later thirty (30) calendar days after its filing.

The person filing the complaint retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources.

The availability and use of this procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in court or with the US Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or by phone at:

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
800-368-1019 (voice) 800-537-7697 (TDD)  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

For complaints to the Office for Civil Rights, complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Complaints shall be filed within one hundred and eighty (180) calendar days of the date of the alleged discrimination.

The Bureau for Social Services will make appropriate arrangements to ensure that individuals with disabilities and individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed, to participate in this process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recorded material for individuals with low vision, or assuring a barrier-free location for the proceedings. The EEO/Civil Rights Officer will be responsible for such arrangements.

### ***B: Grievances Regarding the Adult Services Worker or Casework Process***

At any time that the Bureau for Social Services is involved with a client, the client, or the counsel for the vulnerable adult has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a vulnerable adult or counsel for the vulnerable adult has a complaint about Adult Services or expresses dissatisfaction with Adult Services the worker will:

## WV Substitute Decision-Maker Policy

- Explain to the client the reasons for the action taken or the position of the BSS which may have resulted in the dissatisfaction of the client.
- If the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.
- Assist in arranging for a meeting with the supervisor.

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form “Client and Provider Hearing Request”, SS-28.
- Assist the client with completing the SS-28, if requested.
- Submit the form immediately to the Chairman, state board of Review, DHHR, Building 6, Capitol Complex, Charleston, WV 25305.

For more information on Grievance Procedures for Social Services please see Common Chapters Manual, Chapter 700, and Subpart B or see W.Va. Code §29A-5-1.

Note: Some issues such as the decisions of the Circuit Court cannot be addressed through the Grievance Process. Concerns about or dissatisfactions with the decisions of the Court including any approved Case plan must be addressed through the appropriate legal channels.

### **9.4 Reasonable Modification Policy**

#### ***A: Purpose***

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA), the Bureau for Social Services shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BSS shall make reasonable modifications in Adult Services program policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless BSS can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

#### ***B: Policy***

DHHR is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the BSS Adult Services program.

The Bureau for Social Services will not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.



## WV Substitute Decision-Maker Policy

The Bureau for Social Services is prohibited from making Adult Services program application and retention decisions based on unfounded stereotypes about what individuals with disabilities can do, or how much assistance they may require. The BSS will conduct individualized assessments of qualified individuals with disabilities before making Adult Services application and retention decisions.

The Bureau for Social Services may ask for information necessary to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known. BSS will confidentially maintain the medical records or other health information of Adult Services program applicants and participants.

The Bureau for Social Services upon request, will make reasonable modifications for qualified Adult Service program applicants or participants with disabilities unless BSS can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. Individuals do not need to reference Section 504 or Title II or use terms of art such as “reasonable modification” in order to make a request. Further, BSS staff are obligated to offer such reasonable accommodations upon the identification of a qualifying disability or to an individual with Limited English Proficiency.

BSS must consider, on a case-by-case basis, individual requests for reasonable modifications in its Adult Services programs, including, but not limited to, requests for substitute caregivers, respite caregivers, more frequent support from a case worker, additional classroom and/or online training, mentorship with an experienced foster/adoptive parent, note takers, and other auxiliary aids and services. When auxiliary aids or language interpretation services to ensure effective communication for individuals with hearing, vision, speech impairments, or Limited English Proficiency (LEP) are needed, they shall be provided to the participant at no additional costs. DHHR evaluates individuals on a case by case basis to provide auxiliary aids and services as necessary to obtain effective communication. This would include but not be limited to:

- Services and devices such as qualified interpreters, assistive listening devices, note takers, and written materials for individuals with hearing impairments.
- And qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.
- Access to language and interpretation services.

For more information on obtaining auxiliary aids, contact:

Center for Excellence in Disabilities (CED)

959 Hartman Run Road

Morgantown, WV 26505

Phone: 304-293-4692.

Toll Free: (888) 829-9426

TTY: (800) 518- 1448

## WV Substitute Decision-Maker Policy

For language translation and interpretation services Adult Services may Contact 911 Interpreters or the Section 504/ADA Coordinator (see also section 11.5 Limited English Proficiency). To contact 911 Interpreters, utilize the information below:

911 Interpreters Inc.

1-855-670-2500

BSS Code: 25646

When requesting language translation services directly through 911 Interpreters, staff must report the accommodation to the Section 504/ADA Coordinator by completing the *Reasonable Accommodation Reporting Form*.

The Bureau for Social Services will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids and services or program accessibility, that are necessary to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.

To address any violations of this Reasonable Modification Policy, consult the Bureau for Social Services Grievance Procedure. To request reasonable modifications, or if you have questions, please contact:

Children and Adult Services

Section 504/ADA Coordinator

350 Capitol St. Rm 691

Charleston, WV 25301

(304) 558-7980

[DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov) (email)

Staff who make reasonable accommodations for an individual must be reported to the Section 504/ADA Coordinator utilizing the *Reasonable Accommodation Reporting Form*.

### **9.5 Limited English Proficiency**

The Bureau for Social Services (BSS) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of BSS is to ensure meaningful communication with LEP clients and their authorized representatives involving their case. The policy also provides for communication of information contained in vital documents, including but not limited to, information release consents, service plans, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of contracted vendors, technology, or telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in the effective use of an interpreter and the effective use of technology including telephonic interpretation services. The Bureau for Social Services will conduct a regular review of the

language access needs of our population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

***PROCEDURES:***

***1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE***

The Bureau for Social Services will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

***2. OBTAINING A QUALIFIED INTERPRETER***

911 Interpreters Inc. has agreed to provide qualified interpreter services. The agency’s telephone number is 1-855-670-2500 (BSS Code: 25646). Interpretation services are available 24 hours a day. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, BSS will provide qualified interpreter services to the LEP person free of charge. Children and other clients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

***3. PROVIDING WRITTEN TRANSLATIONS***

When translation of vital documents is needed, BSS will submit documents for translation to 911 Translators Inc. or the Section 504/ADA Coordinator. BSS will generally provide language services in accordance with the following guidelines:

(a) BSS will provide written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent threshold in (a), BSS will not translate vital written materials but will provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Additionally, when making a determination as to what languages services will provided, BSS may consider the following factors: (1) the number and or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people’s lives; and (4) the resources available to the grantee/recipient and costs.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

#### 4. PROVIDING NOTICE TO LEP PERSONS

The Bureau for Social Services will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in DHHR office lobbies and waiting areas. Notification will also be provided through one or more of the following: outreach documents and program brochures.

#### 5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, BSS will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BSS will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from clients and community organizations, etc.

## **Appendix A WVDHHR Civil Rights Discrimination Complaint Form**



*West Virginia Department of Health and Human Resources*  
**Civil Rights Discrimination Complaint Form**

<b>Complainant First Name</b>		<b>Complainant Last Name</b>	
<b>Home Phone</b> <i>(include area code)</i>		<b>Work Phone</b> <i>(include area code)</i>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>	<b>Zip Code</b>	<b>Email</b> <i>(if available)</i>	

Is this complaint being completed by someone other than the complainant?  Yes  No

If yes, please provide your information below:

<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number</b> <i>(include area code)</i>
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The complainant feels they have been discriminated against on the basis of:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race/Color/National Origin | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Sexual Orientation/Gender Identity |
| <input type="checkbox"/> Disability                 | <input type="checkbox"/> Age            | <input type="checkbox"/> Sex                                |

Other *(please specify):*

Who or what bureau within the West Virginia Department of Health and Human Resources is believed to have been discriminatory?

<b>Name/Bureau/Office</b>		
<b>Street Address</b>	<b>City</b>	<b>County</b>
<b>Zip Code</b>	<b>Telephone</b>	

Date(s) discriminatory action is believed to have occurred:

Which program(s) is the complainant alleging the discriminatory action took place in?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Child Welfare</b> <i>(includes CPS, Youth Services, Foster Care, Adoption, Homefinding, and Legal Guardianship)</i> | <input type="checkbox"/> <b>Adult Welfare</b> <i>(includes APS, Guardianship, Health Care Surrogate, Residential Services Request to Receive and Request to Provide)</i> | <input type="checkbox"/> <b>Low Income Energy Assistance Program (LIEAP)</b> |
| <input type="checkbox"/> <b>Temporary Assistance for Needy Families (TANF)</b>  | <input type="checkbox"/> <b>School Clothing Voucher</b>  | <input type="checkbox"/> <b>Indigent Burial</b>                              |

Complaints involving the Supplemental Nutrition Assistance Program (SNAP) must be sent directly to the U.S. Department of Agriculture. See below for more information.

**Describe briefly what happened. How and why does the complainant believe they have been discriminated against? What is the relief or remedy sought by the complainant?**

*(Attach additional pages as needed.)*

Please sign and date this form. If submitting by email, you may type your name and date. Your email will represent your signature.

<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
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The West Virginia Department of Health and Human Resources shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. EEO/Civil Rights Officer will maintain the files and records of DHHR relating to such grievances. The EEO/Civil Rights Officer shall issue a written decision on the complaint no later than thirty (30) calendar days after its filing, unless the Coordinator documents exigent circumstances requiring additional time to issue a decision. To submit this complaint or request additional information, please contact:

West Virginia Department of Health and Human Resources  
Office of Human Resource Management  
EEO/Civil Rights Officer  
(304) 558-3313 (voice)  
(304) 558-6051 (fax)  
[DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov) (email)

The person filing the grievance retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources. The availability and use of this grievance procedure does not prevent a person from filing a private lawsuit in Federal court or a complaint of discrimination on the basis of being a member of a protected class, with the:

U.S. Department of Health & Human Services  
200 Independence Ave., S.W.  
Room 509F HHS Bldg.  
Washington, D.C. 20201  
800-368-1019 (voice)  
202-619-3818 (fax)  
800-537-7697 (TDD)  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) (email)

The complaint form may be found at <https://www.hhs.gov/ocr/complaints/index.html>

For SNAP complaints, please contact the U.S. Department of Agriculture.

The USDA Program Discrimination Complaint Form, can be found online at: <https://www.ocio.usda.gov/document/ad-3027>, or at any USDA office. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form by mail, email, or fax to:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410  
(202) 690-7442 (fax)  
(866) 632-9992 (telephone)  
[program.intake@usda.gov](mailto:program.intake@usda.gov) (email)

## Appendix B Sample Forms

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_  
AN ALLEGED PROTECTED PERSON

### AFFIDAVIT OF PHYSICIAN [West Virginia Code: § 44A-2-9(c)]

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to-wit:



This day, personally appeared before me the undersigned physician who, having been first duly sworn, says, represents and certifies as follows:

I, \_\_\_\_\_, a licensed physician in the State of \_\_\_\_\_, hereby certify that I have examined and/or evaluated the condition of *[insert name of alleged protected person here]* \_\_\_\_\_, and that in my expert opinion, this individual cannot attend the hearing addressing whether a guardian or conservator should be appointed for this individual for the following reasons *[check applicable reasons and provide supporting facts in spaces provided and attach additional pages, if necessary]*:

\_\_\_\_\_ The presence of the individual is not possible due to a physical inability. The basis for this opinion is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Requiring the presence of the individual would significantly impair the individual's health.  
Explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
**SIGNATURE OF PHYSICIAN**

The foregoing affidavit was taken, subscribed and sworn to before me by the said \_\_\_\_\_, in my said County and State on this, the \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

Given under my hand and **NOTARIAL SEAL**  
**[AFFIX NOTARIAL SEAL]**

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE:

Case No.: - G -

\_\_\_\_\_  
AN ALLEGED PROTECTED PERSON

**AFFIDAVIT CERTIFYING COMPLETION OF MANDATED EDUCATION**

*[West Virginia Code: § 44A-1-10(b)]*

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to wit:

I, \_\_\_\_\_, the recommended guardian and/or conservator in the foregoing matter, hereby certify that I have completed the mandatory educational training required by **West Virginia Code: Section 44A-1-10(b)**, and that such education consisted of: *[check applicable form of the materials studied]*

- Written materials or recorded information, whether audio, visual or both, received from the court upon recommended or actual appointment
- Written materials and/or recorded information supplied via the West Virginia Supreme Court website/Internet site for educational training of Guardians and Conservators

I further certify that the foregoing educational training was completed by me on *[insert the date you completed the mandatory education: MM/DD/YYYY]* \_\_\_\_\_. Attached is a copy of my certificate of completion from the West Virginia Supreme Court website/Internet site, if applicable.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
SIGNATURE

The foregoing affidavit was taken, subscribed and sworn or affirmed before me by the said \_\_\_\_\_, in the foregoing action, in my said county and state on this, the \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
NOTARY PUBLIC/CLERK

My Commission Expires: \_\_\_\_\_

## EVALUATION REPORT OF LICENSED PHYSICIAN/PSYCHOLOGIST

### INSTRUCTIONS FOR COMPLETION OF REPORT

- A. This form is a required submission under *West Virginia Code*: § 44A-2-3 in a case seeking the court appointment of a guardian and/or conservator for an alleged "protected person" and must be completed by a licensed physician or psychologist. Since the law requires that this report address certain matters contained in the Petition seeking such appointment, it will be necessary for you to have a true copy of the completed Petition before you complete this form. Please insure that the Petitioner has provided you with a copy of the Petition intended to be filed.
- B. All information provided in this report must be printed or typed and be clearly readable.
- C. All information requested *MUST* be provided, if known. If unknown, you must state it is unknown.
- D. Please be sure you read and answer all questions carefully and in as much detail as possible.
- E. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable question.

I, \_\_\_\_\_, a licensed [*check category*] \_\_\_\_\_ physician  
\_\_\_\_\_ psychologist, in the State of \_\_\_\_\_, license number \_\_\_\_\_,  
hereby certify that I have examined and/or evaluated the condition of [*insert name of alleged Protected Person here*]  
\_\_\_\_\_, and that the examination(s) or assessment(s) performed  
which form the basis of this report were conducted on the following date(s): \_\_\_\_\_  
\_\_\_\_\_, and hereby submit this report and evaluation with the  
following findings:

1. *West Virginia Code*: § 44A-1-4(13) defines a "protected person" as an adult individual, eighteen years of age or older, who has been found by a court, because of mental impairment, to be unable to:
  - (a) receive and evaluate information effectively, ***OR***
  - (b) respond to people, events and environments to such an extent that the individual lacks the capacity to ***either***:
    - (i) meet the essential requirements for his or her health, care, safety, habitation, or therapeutic needs without the assistance or protection of a ***guardian, OR***
    - (ii) manage property or financial affairs or provide for his or her support or for the support of legal dependents without the assistance or protection of a ***conservator***.

This same section also provides that even if the Court determines that the person displays poor judgment, this finding alone is not sufficient evidence to determine that the person is a "protected person" as defined above.

CONSIDERING THIS DEFINITION, IN MY OPINION, I FIND THE ALLEGED PROTECTED PERSON [initial appropriate finding]:

\_\_\_\_\_ **IS NOT** INCAPACITATED [If you have initialed this finding, go to Question 2]

\_\_\_\_\_ **LACKS** CAPACITY [If you have initialed this finding, complete Questions 1a and, 1b below]

1a. DESCRIBE THE NATURE, TYPE AND EXTENT OF THE PERSON'S INCAPACITY:

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1b. THE PERSON'S SPECIFIC COGNITIVE AND FUNCTIONAL LIMITATIONS ARE:

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2. MY EVALUATION OF THE PERSON'S MENTAL AND PHYSICAL CONDITION IS AS FOLLOWS [Where appropriate, include an evaluation of the Person's educational condition, adaptive behavior and social skills]:

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3. IS THE PERSON UNABLE TO HANDLE HIS OR HER OWN AFFAIRS DUE TO MENTAL ILLNESS OR INSANITY? [*initial appropriate response*] \_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", what is the mental illness or insanity diagnosis?

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If the person is unable to handle his or her own affairs due to mental illness or insanity, please provide the following:

3a. The gender of the Respondent is [*initial one*] \_\_\_\_\_ male or \_\_\_\_\_ female.

3b. The race of the Respondent is believed to be [*initial one*] \_\_\_\_\_ White, \_\_\_\_\_ Black or African American, \_\_\_\_\_ Hispanic or Latino, \_\_\_\_\_ Asian, \_\_\_\_\_ American Indian or Alaska Native, or \_\_\_\_\_ Native Hawaiian or Other Pacific Islander, or \_\_\_\_\_ unknown.

3c. The height of the Respondent is \_\_\_\_\_ feet, and \_\_\_\_\_ inches.

3d. The natural eye color of the Respondent is \_\_\_\_\_ brown, \_\_\_\_\_ blue, \_\_\_\_\_ green, \_\_\_\_\_ hazel, or \_\_\_\_\_ other.

4. IF THE PETITION CONTAINS A REQUEST FOR A GUARDIAN, TEMPORARY GUARDIAN AND/OR, LIMITED GUARDIAN, DESCRIBE THE SERVICES, IF ANY, CURRENTLY BEING PROVIDED FOR THE PERSON'S HEALTH, CARE, SAFETY, HABILITATION OR THERAPEUTIC NEEDS. INCLUDE A RECOMMENDATION AS TO THE MOST SUITABLE LIVING ARRANGEMENT AND, WHERE APPROPRIATE, THE MOST SUITABLE TREATMENT OR HABILITATION PLAN AND THE REASON'S FOR SUCH RECOMMENDATION(S):

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5. IT IS MY OPINION THAT THE APPOINTMENT OF *[initial appropriate office]*

\_\_\_\_\_ A GUARDIAN

\_\_\_\_\_ A CONSERVATOR

\_\_\_\_\_ A GUARDIAN AND A CONSERVATOR

IS NECESSARY FOR THIS PERSON.

6. THE TYPE AND SCOPE OF GUARDIANSHIP AND/OR CONSERVATORSHIP NEEDED, AND THE REASONS THEREFOR, ARE AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. IF THE PETITION STATES THAT THE PERSON'S INCAPACITY WILL PREVENT THE PERSON'S ATTENDANCE AT THE HEARING [*SEE: Petition for Appointment of Guardian/Conservator, Page 4, Question 16*], IT IS MY OPINION THAT SUCH ATTENDANCE AT THE HEARING *[initial appropriate finding]*:

\_\_\_\_\_ **WOULD** BE DETRIMENTAL TO THE PERSON'S HEALTH, CARE AND/OR SAFETY.

\_\_\_\_\_ **WOULD NOT** BE DETRIMENTAL TO THE PERSON'S HEALTH, CARE AND/OR SAFETY.

**IMPORTANT NOTE:** If a protected person is unable to appear at the hearing, the law requires that one of the following be submitted to the Court at the beginning of the hearing: (1) a physician's affidavit (*GC Form 5*), (2) qualified expert testimony, or (3) evidence that the person refuses to appear. *SEE: West Virginia Code: § 44A 2-9(c)*. This Evaluation Report is **NOT** the required physician's affidavit. The affidavit is a separate form which may only be completed by a physician.]

8. IF IT APPEARS THE PERSON WILL ATTEND THE HEARING, IS THE PERSON ON ANY MEDICATION(S) THAT MAY AFFECT THE PERSON'S ACTIONS, DEMEANOR, AND PARTICIPATION AT THE HEARING?

\_\_\_\_\_ YES \_ \_NO [*If "YES," describe the medication and the affect(s) such medication(s) may have*]

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned evaluating physician/psychologist named on page 1 of this Report, do hereby certify that the foregoing report is complete and accurate to the best of my information and belief. I further certify that other individuals [*initial appropriate category*] \_\_\_\_\_ DID \_\_\_\_\_ DID NOT perform, supervise or review the assessment(s) or examination(s) upon which this Report is based, or otherwise made substantial contributions toward this Report's preparation. [*If you initialed "DID," see note below and secure signatures of all such individuals on page 5.*]

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [*month*], \_\_\_\_\_ [*year*].

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**EVALUATING PHYSICIAN/PSYCHOLOGIST**

*[West Virginia Code: § 44A-2-3(7) also requires the signatures of ". . . any other individuals who performed, supervised or reviewed the assessments or examinations upon which the report is based. . . ." or of any other person who made substantial contributions towards the report's preparation.]*

We, the undersigned individuals, hereby certify that each individual signatory executing this Report below performed, supervised and/or reviewed the assessment(s) and/or examination(s) upon which the foregoing report is based, or made a substantial contribution toward the preparation of this Report, and that by signing below, each individual further certifies that to the best of his or her information and belief, the information contained in the foregoing report is complete and accurate.

<b>DATE</b>	<b>SIGNATURE</b>	<b>PRINT NAME AND TITLE</b>
<b>DATE</b>	<b>SIGNATURE</b>	<b>PRINT NAME AND TITLE</b>
<b>DATE</b>	<b>SIGNATURE</b>	<b>PRINT NAME AND TITLE</b>
<b>DATE</b>	<b>SIGNATURE</b>	<b>PRINT NAME AND TITLE</b>
<b>DATE</b>	<b>SIGNATURE</b>	<b>PRINT NAME AND TITLE</b>



**Opt In**  INITIAL box if surrogate agrees to have this form submitted to the WV e-Directive Registry, and released to treating health care providers. Complete information to RIGHT.

**REGISTRY FAX: 844-616-1415**

Last Name/First/Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth (mm/dd/yyyy)      /      /

Last 4 SSN    \_ \_ \_ \_      Gender    M \_\_\_ F \_\_\_

### Checklist for Surrogate Selection

(In accordance with the West Virginia Health Care Decisions Act)

W.V. Code - § 16-30-8

Patient's Name: \_\_\_\_\_

#### A. DETERMINATION IF HEALTH CARE DECISIONS ACT APPLICABLE

1. Is this patient an adult (over the age of 18), an emancipated minor, or a mature minor? Yes      No  
If no, stop now. The Health Care Decisions Act of 2000 does not apply to selecting a surrogate to make decisions for children. An emancipated minor is a person over the age of 16 who has been declared emancipated by a judge or who is over the age of 16 and married. A mature minor is a person less than 18 years of age who has been determined by a qualified physician, a qualified psychologist, or an advanced nurse practitioner to have the capacity to make health care decisions.
2. Has the patient been declared "incapacitated"? Yes \_\_\_ No \_\_\_  
If no, stop now. Make the decision with the patient. ("Incapacity" means the inability because of physical or mental impairment to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented, and to communicate that choice in an unambiguous manner.)
3. The determination of incapacity must be made by the attending physician, a qualified physician, a qualified psychologist, or an advanced nurse practitioner.

Name of the physician \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

a. Cause: \_\_\_\_\_

b. Nature: \_\_\_\_\_

c. Duration: \_\_\_\_\_

i. Was the determination made regardless of age and disability? Yes      No

If no, the patient must be reevaluated without a presumption of incapacity.

ii. Does this patient have a court-appointed guardian with the authority to make health care decisions or Medical Power of Attorney (MPA)? Yes      No

(Note that one physician, one licensed psychologist, or one advanced nurse practitioner who has personally examined the patient must document incapacity for the Medical Power of Attorney to be in effect.) If yes, the guardian or MPA representative is authorized to make health care decisions for the patient.

Is the guardian or representative named in the MPA available and willing to serve? Yes \_\_\_ No \_\_\_

If yes, stop and follow the directives of the guardian or representative in accordance with the patient's wishes, or if unknown, best interest. If the patient has a guardian or MPA representative, selection of a surrogate is not authorized by state law. If neither a guardian nor a MPA representative is available and willing to serve, proceed with surrogate selection.

Patient Name _____	Hospital # _____
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**B. SELECTION OF A SURROGATE**

4. Identification of potential surrogates (If yes, enter name(s) in order of priority)

Does the patient have:

- a. Spouse? Name: \_\_\_\_\_
- b. Any adult child of the patient? Names: \_\_\_\_\_
- c. Either parent of the patient? Names: \_\_\_\_\_
- d. Any adult sibling of the patient? Names: \_\_\_\_\_
- e. Any adult grandchild of the patient? Names: \_\_\_\_\_
- f. A close friend of the patient? Names: \_\_\_\_\_
- g. Such other persons or classes of persons including, but not limited to, such public agencies, public guardians, other public officials, public and private corporations, and other representatives as the department of health and human resources may from time to time designate?

Names: \_\_\_\_\_

5. Who is best qualified to act as surrogate? Name: \_\_\_\_\_ Why?

Does this person:

- a. Know the patient's wishes, including religious and moral beliefs? Yes \_\_\_\_ No \_\_\_\_  
If yes, basis:

- b. Know the patient's best interests? Yes \_\_\_\_ No \_\_\_\_  
The determination of knowing the patient's best interests was based on a discussion regarding (check if yes):
  - 1. The patient's medical condition \_\_\_\_
  - 2. Prognosis
  - 3. The dignity and uniqueness of the patient \_\_\_\_
  - 4. The possibility and extent of preserving the patient's life \_\_\_\_
  - 5. The possibility of preserving, improving or restoring the patient's functioning
  - 6. The possibility of relieving the patient's suffering \_\_\_\_
  - 7. The balance of the burdens to the benefits of the proposed treatment or intervention
  - 8. and, such other concerns and values as a reasonable individual in the patient's circumstances would wish to consider \_\_\_\_

- c. Have regular contact with patient? Yes \_\_\_\_ No \_\_\_\_  
If yes, enter nature and frequency of contact:

Patient Name _____	Hospital # _____
--------------------	------------------

d. Demonstrate care and concern for the patient? Yes \_\_\_ No \_\_\_  
If yes, enter the basis for this decision:

e. Visit the patient regularly during the illness? Yes \_\_\_ No \_\_\_

f. Engage in FACE-TO-FACE contact with the caregivers? Yes \_\_\_ No \_\_\_

g. Fully participate in the decision-making process? Yes \_\_\_ No \_\_\_

6. Is person available and willing to serve as surrogate? Yes \_\_\_ No \_\_\_  
If no, select the best qualified person who is available and willing to serve and enter name

7. Is this person the highest person in the list from #4? Yes \_\_\_ No \_\_\_  
If no, or if there are several persons at the same priority level, enter the reasons why the selected person is more qualified under factors 5 a-g above.

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8. If conscious, the patient must be notified of the determination of incapacity and who the patients surrogate will be.

Date and time when notified: \_\_\_\_\_

Record patient response:

9. If the determination of incapacity is for a patient with psychiatric mental illness, mental retardation, or addiction, incapacity must be confirmed by another physician or licensed psychologist who has examined the patient. Is this necessary for this case? Yes \_\_\_ No \_\_\_

10. If yes, has this been done? Yes \_\_\_ No \_\_\_

If so, name of second health care professional declaring the patient incapacitated

---

11. Were other potential surrogates notified of surrogate selection? Yes \_\_\_ No \_\_\_  
If yes, enter names, date, time and by whom they were contacted.

Patient Name \_\_\_\_\_ Hospital # \_\_\_\_\_

Name	Date	Time	Contacted by

12. If a family member / close friend who was not selected disagrees with the surrogate chosen, tell him or her it is his / her responsibility to:
- a. Notify the attending physician in writing. \_\_\_\_ (Initial when done)
  - b. Go to court to challenge the selection of the surrogate. \_\_\_\_ (Initial when done)

13. Did any potential surrogate object? Yes \_\_\_\_ No \_\_\_\_

If yes, enter name and basis for objection: \_\_\_\_\_  
\_\_\_\_\_

14. Notify the person who objects that he / she has 72 hours to get a court order.

Date \_\_\_\_\_ and time \_\_\_\_\_ notified.

I HAVE COMPLETED OR REVIEWED THIS FORM AND MADE THE DECISION TO APPOINT  
\_\_\_\_\_ AS SURROGATE WHO

CAN BE REACHED AT PHONE NUMBER(S)

\_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell phone)

\_\_\_\_\_  
Physician Signature / Date / Time

Signature of person assisting the physician in completing this form (if any).

### Acceptance of Surrogate Selection

I accept the appointment as surrogate for \_\_\_\_\_ and  
understand I have the authority to make all medical decisions for \_\_\_\_\_.

\_\_\_\_\_  
Signature of Surrogate

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE:

Case No.: \_\_\_\_\_ - G- \_\_\_\_\_

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

\_\_\_\_\_  
AN ALLEGED PROTECTED PERSON

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PETITION FOR THE APPOINTMENT OF A GUARDIAN/CONSERVATOR

[West Virginia Code: § 44A-1-1, et seq.]

INSTRUCTIONS TO APPLICANT

- A. All information must be printed or typed and be clearly readable.
  - B. All information requested *MUST* be provided, if known. If unknown, you must state it is unknown.
  - C. Any petition which does not provide the necessary information, or is unreadable, may be dismissed for incompleteness. Please be sure you read and answer all questions.
  - D. In this document, the PROTECTED PERSON is the person for whom a guardian or conservator is sought. The person requesting the appointment is the PETITIONER. (Two or more petitioners may apply to serve as co-guardians or co-conservators. If so, the required information must be completed for all petitioners.)
  - E. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response of such page(s) with the number of the applicable question. *[If completing this form on the computer, continuation sheets are provided for you at the end of this form (following the filing notes).]*
  - F. Additional guidelines and instructions are contained on Pages 8 and 9. Please read these instructions carefully since substantial delays may result from failure to perform all the requirements of law.
  - G. **WARNING: If a guardian or conservator is appointed for an individual who is unable to handle their affairs due to mental illness or insanity, the individual will be:**
    - (1) prohibited from possessing and receiving firearms and ammunition, in some cases for his or her entire life,
    - (2) required to immediately surrender ANY firearms owned or in his or her possession,
    - (3) reported to both federal and state database registries used for firearm purchases and permits/licenses to carry concealed weapons, and
    - (4) subject to future criminal charges for possession or receipt of firearms or ammunition.Conviction in West Virginia can result in a fine up to \$1,000.00 or jail time of up to one year. Federal conviction is a FELONY and can result in fines and jail time up to TEN years. (See, W.Va. Code § 61-7-7 and 18 U.S.C.A. § 924(a)(2))
-

**PART I**  
**INFORMATION ABOUT THE PETITIONER**

1. PETITIONER'S [your] FULL NAME: \_\_\_\_\_
  2. PETITIONER'S [your] PLACE OF RESIDENCE: \_\_\_\_\_
  3. PETITIONER'S [your] POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- TELEPHONE NUMBER: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_
4. WHAT IS YOUR RELATIONSHIP TO THE PROTECTED PERSON: \_\_\_\_\_

**PART II**  
**INFORMATION ABOUT THE PROTECTED PERSON**

5. FULL NAME OF PROTECTED PERSON: \_\_\_\_\_
6. PROTECTED PERSON'S DATE OF BIRTH [MM/DD/YYYY]: \_\_\_\_\_
7. PROTECTED PERSON'S PLACE OF BIRTH [state or country]: \_\_\_\_\_
8. PROTECTED PERSON'S RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
9. PROTECTED PERSON'S CURRENT LOCATION: \_\_\_\_\_
10. PROTECTED PERSON'S POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. PROTECTED PERSON'S GENDER [initial one]: \_\_\_\_\_ male or \_\_\_\_\_ female
12. PROTECTED PERSON'S RACE [initial one]: \_\_\_\_\_ American Indian or Alaska Native,  
\_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American, \_\_\_\_\_ Hispanic or Latino,  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander, or \_\_\_\_\_ White
13. PROTECTED PERSON'S HEIGHT: \_\_\_\_\_ feet, and \_\_\_\_\_ inches
14. PROTECTED PERSON'S NATURAL EYE COLOR [initial one]: \_\_\_\_\_ black, \_\_\_\_\_ blue,  
\_\_\_\_\_ brown, \_\_\_\_\_ gray, \_\_\_\_\_ green, \_\_\_\_\_ hazel, \_\_\_\_\_ maroon,  
\_\_\_\_\_ multicolored, or \_\_\_\_\_ pink

PART III

INFORMATION ABOUT THE PROTECTED PERSON'S RELATIVES

You are required to provide information about the Protected Person's nearest relatives. You must answer each question fully and completely. If additional space is needed, attach additional page(s) as necessary.

15. DOES THE PROTECTED PERSON HAVE A SPOUSE AND/OR CHILDREN?  YES  NO  
If you have answered "YES," complete the following and then go to PART IV. If you have answered "NO," go to question 16.

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S POST OFFICE ADDRESS: \_\_\_\_\_

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. DOES THE PROTECTED PERSON HAVE PARENTS, BROTHERS AND/OR SISTERS?  YES  NO  
**IMPORTANT NOTE:** Provide the following information ONLY if you have answered "NO" to question 15 above. If you have answered "YES," to this question, complete the information requested below and go to PART IV. If you have answered "NO," go to question 17 below.

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S PARENTS AND BROTHERS AND SISTERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **IMPORTANT NOTE:** Provide the following information ONLY if you have answered "NO" to BOTH questions 15 and 16 above.

LIST THE PROTECTED PERSON'S NEAREST KNOWN RELATIVES, AND THE POST OFFICE ADDRESS(ES) FOR EACH, WHO WOULD BE ENTITLED TO SUCCEED TO THE PROTECTED PERSON'S ESTATE BY INTESTATE SUCCESSION AS SET FORTH IN *WEST VIRGINIA CODE*: § 42-1-11, et. seq.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV  
OTHER REQUIRED INFORMATION**

18. LIST ANY INDIVIDUAL AND/OR FACILITY, INCLUDING ANY PERSON ACTING AS A DE FACTO GUARDIAN, DE FACTO CONSERVATOR, MEDICAL POWER OF ATTORNEY, REPRESENTATIVE, OR APPOINTED SURROGATE, THAT IS RESPONSIBLE FOR THE PROTECTED PERSON'S CARE OR CUSTODY.

NAME OF THE INDIVIDUAL OR FACILITY: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S POST OFFICE ADDRESS: \_\_\_\_\_

**IMPORTANT NOTE:** If you have named any individual and/or facility in this question, you **MUST** provide a detailed listing of the acts performed by any and all such persons and/or facilities on behalf of the protected person on a separate sheet which **MUST** be attached to this petition.

19. HAS ANY PERSON BEEN DESIGNATED AS A SURROGATE DECISION MAKER FOR THE PROTECTED PERSON? *A "surrogate decision maker" is an adult individual or individuals who are reasonably available, are willing to make health care decisions on behalf of an incapacitated person, and are identified as such by the person's attending physician in accordance with West Virginia Code: § 16-30B-3(p).*  YES  NO

*If "YES," provide information requested below. If "NO," go to question 20.*

NAME(S) OF THE SURROGATE DECISION MAKER(S): \_\_\_\_\_

SURROGATE(S) PLACE OF RESIDENCE(S): \_\_\_\_\_

SURROGATE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_

20. DOES THE PROTECTED PERSON HAVE A REPRESENTATIVE OR REPRESENTATIVES DULY APPOINTED UNDER A DURABLE POWER OF ATTORNEY, MEDICAL POWER OF ATTORNEY AND/OR A LIVING WILL?  YES  NO

*If "YES," complete the information requested below AND attach a copy of any such document with this petition. If "NO," go to question 21.*

NAME(S) OF REPRESENTATIVE(S): \_\_\_\_\_

REPRESENTATIVE(S) PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

REPRESENTATIVE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_



21. WILL THE PROTECTED PERSON'S INCAPACITY PREVENT THE PROTECTED PERSON FROM ATTENDING THE HEARING ON THIS PETITION?  YES  NO

*If "YES," you must provide the reason(s) in the space below.*

REASON(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[IMPORTANT NOTE:** The Court cannot conduct a hearing on the merits of this petition without the presence of the protected person unless one of the following is submitted to the Court at the beginning of the hearing: (1) a physician's affidavit (GC Form 5), (2) qualified expert testimony or, (3) evidence that the person refuses to appear. SEE: West Virginia Code: § 44A-2-9(c).]

22. WHAT TYPE OF GUARDIANSHIP OR CONSERVATORSHIP IS BEING REQUESTED? *Check all appropriate spaces:*  TEMPORARY GUARDIANSHIP  LIMITED GUARDIANSHIP  
 GUARDIANSHIP  TEMPORARY CONSERVATORSHIP  
 LIMITED CONSERVATORSHIP  CONSERVATORSHIP

LIST THE REASON OR REASONS SUPPORTING THE TYPE OR TYPES OF GUARDIANSHIP OR CONSERVATORSHIP REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. IF A LIMITED **GUARDIANSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF PROTECTION AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. IF A LIMITED **CONSERVATORSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF MANAGEMENT AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. NAME OF THE PROPOSED GUARDIAN:

PROPOSED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

26. NAME OF THE PROPOSED CONSERVATOR:

PROPOSED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

27. HAS THE PROTECTED PERSON NOMINATED A GUARDIAN OR CONSERVATOR DIFFERENT FROM THE PROPOSED GUARDIAN OR CONSERVATOR?  YES  NO

NOMINATED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

NOMINATED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

28. PROVIDE THE NAME(S) AND ADDRESS(ES) OF ANY GUARDIAN OR CONSERVATOR CURRENTLY ACTING ON BEHALF OF THE PROTECTED PERSON IN WEST VIRGINIA OR ELSEWHERE:

ACTING GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

ACTING CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

29. HAS ANY INDIVIDUAL PROPOSED, NOMINATED OR ACTING GUARDIAN OR CONSERVATOR, WHOSE NAME IS LISTED IN ANY OF THE ANSWERS TO QUESTIONS 25 THROUGH 28, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC OFFENSE? *[check one]*  
 YES  NO *If the answer to this question is "YES," list the name of each such individual AND provide the CRIMINAL HISTORY of that individual:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the Petitioner named in the foregoing *Petition for the Appointment of a Guardian/Conservator* hereby respectfully request that the Circuit Court set this matter for hearing and, following such hearing, appoint a guardian and/or conservator for the protected person named herein as requested and petitioned.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner's Counsel

Bar ID: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***ALL PETITIONERS MUST NOTE THE FOLLOWING MATTERS ABOUT FILING THIS PETITION:***

1. This petition must be filed in the Office of the Clerk of the Circuit Court of the County in West Virginia where the Protected Person resides, ***OR*** the County where the Protected Person has been admitted to a health care or correctional facility ***OR***, in the case of a missing person (a person who is absent from his or her usual place of residence in West Virginia and whose whereabouts are unknown for a period of six months or more), the petition must be filed in the County in which the missing person last resided. If this is not the case, ask for assistance from the Circuit Court Clerk.
2. You are required to pay a filing fee of \$110.00 to the Clerk of the Circuit Court upon filing of this petition. As the Petitioner, you are responsible for the payment of this fee and any other fees required for service of process, court costs, and for copies of court documents and transcripts. Once a guardian or conservator has been appointed, such fees may be reimbursed by the Protected Person's estate, but only if an appointment is made and only if funds are available for reimbursement. *West Virginia Code*: §§ 44A-2-1(c) and 59-1-1, et. seq., provide that if you are pecuniarily unable to advance these fees, you will not be required to pay the fees and costs. Ask the Court Clerk for assistance if you are unable to advance these fees and costs.
3. You are required to submit additional documents with this petition. Unless the Court, for good cause shown, has waived it, you ***MUST*** file an ***EVALUATION REPORT***, GC Form 4, which is a required evaluation and report on the condition of the Protected Person which must be completed by a licensed psychologist or physician. If you do not have this report, you may obtain a blank form from the Circuit Court Clerk. It is your responsibility to arrange for an examination and completion of this form prior to filing. You may also be required to file a ***PHYSICIAN'S AFFIDAVIT***. See the note to Question 21. If the Protected Person has executed a durable power of attorney, a medical power of attorney or a living will, you must attach copies of these documents to this petition as directed by Question 20.
4. Upon proper and complete filing of the Petition, the Court will issue a ***NOTICE OF HEARING*** that establishes the date, time and location of the hearing on the Petition. It is the ***PETITIONER'S*** responsibility to insure that the following parties are served with a copy of court documents as follows:
  - (a) The Protected Person must be served by ***Personal Service of Process*** not later than fourteen (14) days prior to the date of the hearing. The documents which must be served upon the Protected Person are:
    1. The Notice of Hearing, and
    2. This Petition, and
    3. The Evaluation report.Upon request and payment of the appropriate fee, the Court Clerk can arrange to have this accomplished by the County Sheriff. As an alternative, you may employ a private process server to effect service, provided that service is made as required by law.
  - (b) You must also serve every individual who has reached the age of seven (7) years or older, and every entity whose names and post office addresses appear in the Petition. The documents required to be served upon these individuals/entities are:
    1. The Notice of Hearing, and
    2. This Petition.This service is made by sending each Notice and Petition by certified mail, return receipt requested, ***at least*** fourteen (14) days before the hearing. **You are further required to submit the certified mail return receipts to the Court Clerk for filing on or before the hearing date.** It is your responsibility to obtain proper service and file the required documentation with the Circuit Clerk **BEFORE** the hearing.

**IMPORTANT NOTE:** *A failure by the Petitioner to properly serve the Protected Person and/or other individuals as required by law will likely result in delay of the hearing or, possibly, dismissal of the petition. Make sure ALL parties are served as required. The Protected Person cannot waive this requirement. If you have questions, consult an attorney for advice.*

5. Under *West Virginia Code*: § 44A-2-7, the Circuit Court is required to appoint an attorney to represent the Protected Person. You have the right to retain an attorney of your choosing to represent you in this matter, which is not mandatory, but is mentioned merely to insure that you understand that you have the right to be represented by an attorney at this hearing.
6. If you are seeking the appointment of a conservator, you ***MUST*** file a "Statement of Financial Resources" with the Court any time *prior to the hearing*. The Circuit Clerk has a blank form which you may obtain for completion before the hearing.
7. A person who is appointed as a guardian or conservator will be required to complete mandatory education within thirty days of a finding that he or she should be appointed as a guardian or conservator and must file an affidavit indicating that such education has been completed. If you are unsure about any matter contained in these instructions, you may ask the Circuit Clerk for assistance. However, the Court and Clerk are prohibited from providing legal advice. ***If you need legal advice, you should contact an attorney.***

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_, AN ALLEGED PROTECTED PERSON

DATE FILED: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_

**MOTION FOR LEAVE TO FILE PETITION WITHOUT EVALUATION REPORT**  
*[West Virginia Code: § 44A-2-3]*

**NOW COMES** the Petitioner in the above captioned cause, \_\_\_\_\_,  
and respectfully moves that the Petitioner be granted leave to file the Petition in this matter without the evaluation report  
required by *West Virginia Code: § 44A-2-3*. The reason(s) in support of this motion is/are as follows: **[Insert reason  
or reasons for the motion and request]:**

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*[Attach additional pages, if necessary]*

Respectfully presented this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
*[month]* *[year]*

**PETITIONER'S SIGNATURE**

Name of Protected Person: \_\_\_\_\_ Court Case Number: \_\_\_\_\_ -G-

Name of Guardian: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

This report is your: *[check any applicable category]*

first report     periodic annual report     final report     other report ordered by Court

Date of this report: \_\_\_\_\_ covering a time period from \_\_\_\_\_ to \_\_\_\_\_

Date of last report: *[if applicable]* \_\_\_\_\_ covering \_\_\_\_\_ to \_\_\_\_\_

1. Describe the Protected Person's *mental, physical and social* condition during the time period covered by this report:

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2. Describe the Protected Person's living arrangements during the time period covered by this report:

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3. Describe the medical, educational, vocational and other professional services which were provided to the Protected Person during the time period covered by this report:

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4. What is your opinion as to the adequacy of the Protected Person's care:

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5. Do you agree with the current treatment and/or habilitation plan for the Protected Person? Explain your response.

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6. What is your recommendation as to the need for continued guardianship? Explain your response.

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7. Do you recommend any changes in the *scope* of the guardianship? If so, detail the changes recommended and explain the reasons for recommending such changes.

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8. Summarize your visits with, and activities of behalf of, the Protected Person:

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9. In the space below, provide any information requested by the Court but not otherwise requested in this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. In the space below, provide any further information, which, in your opinion, the Court may find useful in reviewing the case of the Protected Person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you requesting compensation for your services as guardian?  YES  NO  
 If you responded with "YES," what is the amount of your request? \$ \_\_\_\_\_
12. What are the reasonable and necessary expenses you have incurred as guardian \$ \_\_\_\_\_  
*[If you listed an amount in this question, attach an itemized listing of your reasonable and necessary expenses.]*

STATE OF \_\_\_\_\_,  
 COUNTY OF \_\_\_\_\_, to wit:

I, \_\_\_\_\_, the guardian named in this report, do hereby certify that the information provided in this **PERIODIC REPORT OF GUARDIAN** is true, correct and complete to the best of my knowledge, information and belief.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
 GUARDIAN'S SIGNATURE

The foregoing was taken, subscribed and sworn to before me by the said \_\_\_\_\_,  
 in my said county and state on this, the \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

Given under my hand and **NOTARIAL SEAL**.  
**[AFFIX NOTARIAL SEAL]**

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_, A PROTECTED PERSON

DATE FILED: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_

**PETITION FOR PERMISSION TO RESIGN  
AS GUARDIAN/CONSERVATOR**

*[West Virginia Code: § 44A-4-3]*

NOW COMES the Petitioner in the above captioned cause, \_\_\_\_\_,  
who is a *[check applicable office]* \_\_\_\_\_ guardian \_\_\_\_\_ conservator for \_\_\_\_\_  
\_\_\_\_\_, a protected person, and hereby respectfully petitions the Court for permission to  
resign such office(s). The facts, circumstances and reasons in support of this petition are as follows *[insert reason or  
reasons for resignation]*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

*[Attach additional pages, if necessary.]*

Respectfully presented this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*..

\_\_\_\_\_  
GUARDIAN/CONSERVATOR'S SIGNATURE

**[NOTE:]** *This form must be completed and filed with the Circuit Court having jurisdiction of the Protected Person or the case at least sixty (60) days prior to the effective date of the resignation.]*

- \_\_\_\_ (8) Fails to file sufficient bond after being ordered by the court to do so;
- \_\_\_\_ (9) Avoids service of process or notice;
- \_\_\_\_ (10) Becomes incapable of performing duties;
- \_\_\_\_ (11) Is not acting in the best interests of the protected person or of the estate, with or without fault.

The specific facts, circumstances and reasons in support of this petition and the above ground(s) for removal are as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

*[Attach additional pages, if necessary.]*

Respectfully presented this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
 PETITIONER'S SIGNATURE

Petitioner's Address: \_\_\_\_\_  
 \_\_\_\_\_

Petitioner's Phone Number: \_\_\_\_\_

Relationship of Petitioner to the Protected Person: \_\_\_\_\_

REVISED AUGUST 2021

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_, A PROTECTED PERSON

DATE FILED: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_

**PETITION FOR TERMINATION, REVOCATION OR MODIFICATION  
OF GUARDIANSHIP/CONSERVATORSHIP**

*[West Virginia Code: § 44A-4-6]*

NOW COMES the Petitioner *[name of person filing Petition]* \_\_\_\_\_  
in the above captioned cause, and respectfully petitions this Court to *[check the statement below which reflects what you  
want the Court to do]:*

- \_\_\_ \_\_\_ terminate or revoke the appointment of the guardian and/or conservator *[Note: To remove a specific  
individual serving as a guardian or conservator, but maintain the guardianship/conservatorship, use  
CG Form 21 pursuant to West Virginia Code Section 44A-4-4.]*
- \_\_\_ \_\_\_ modify the type of appointment of the guardian and/or conservator, or modify the areas of protection,  
management or assistance previously granted

of *[insert name of the Protected Person]* \_\_\_\_\_. The grounds  
alleged for the termination, revocation or modification are *[initial all grounds that apply; you must initial at least one  
applicable ground below]:*

- \_\_\_ \_\_\_ (1) The protected person is no longer in need of the assistance or protection of a guardian or conservator;
- \_\_\_ \_\_\_ (2) The extent of protection, management or assistance previously granted is either excessive or insufficient  
considering the current need;
- \_\_\_ \_\_\_ (3) The protected person's understanding or capacity to manage the estate and financial affairs or to provide  
for his or her health, care or safety has so changed as to warrant such action;
- \_\_\_ \_\_\_ (4) No suitable guardian or conservator can be secured who is willing to exercise the assigned duties; and/or
- \_\_\_ \_\_\_ (5) It is otherwise in the best interest of the protected person.



IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_, AN ALLEGED PROTECTED PERSON

DATE FILED: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_

**STATEMENT OF FINANCIAL RESOURCES**

*[West Virginia Code: § 44A-2-4]*

The Petitioner, in any case where the appointment of a *conservator* is requested, is required to submit a reasonably detailed statement of the financial resources of the alleged Protected Person. ***This form does not need to be completed or filed if the only relief requested is for the appointment of a guardian.*** This form must be completed in its entirety and filed with the Clerk of the Circuit Court *prior to the hearing* to be held on the petition to appoint a conservator. The Petitioner should make a reasonable investigation into the Protected Person's real and personal assets and income, no matter where those assets may be located, and report the findings in this Statement. *Attach additional pages as necessary.*

1. ALLEGED PROTECTED PERSON'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. TO THE EXTENT KNOWN, WHAT IS THE FAIR MARKET VALUE OF THE PROTECTED PERSON'S REAL ESTATE OR REAL PROPERTY? *[check whether each parcel of real estate is improved or unimproved and give a brief description of the land (size) and improvements (if any), the location of the parcel (state, county, district), and the fair market value of the parcel]*

PARCEL 1: Improved? \_\_\_\_\_ Yes \_\_\_\_\_ No. Description: \_\_\_\_\_

Location: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

PARCEL 2: Improved? \_\_\_\_\_ Yes \_\_\_\_\_ No. Description: \_\_\_\_\_

Location: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

*[Describe any additional parcels on a separate sheet using the format above, then add the values of all parcels and enter the total in the space below.]*

COMBINED VALUE OF ALL REAL ESTATE VALUE \$ \_\_\_\_\_

3. TO THE EXTENT KNOWN, WHAT IS THE APPROXIMATE VALUE OF ALL THE PROTECTED PERSON'S PERSONAL PROPERTY? [*Personal property includes cash on hand or in bank (or other) accounts, stocks, bonds, furniture, automobiles, jewelry, debts due from others (notes/accounts receivable) and other assets not considered to be real estate. List each item or classification of personal property*]

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

*[Describe any additional personal property on a separate sheet using the format above, then add the values of all the listed items and enter the total in the space below.]*

**COMBINED VALUE OF ALL ITEMS OF PERSONAL PROPERTY** VALUE \$ \_\_\_\_\_

4. TO THE EXTENT KNOWN, WHAT IS THE ANTICIPATED ANNUAL GROSS INCOME OR OTHER RECEIPTS OF THE PROTECTED PERSON? [*List each source of income and the anticipated annual amount of income from that source*]

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

*[List any additional sources of annual income on a separate sheet using the format above, then add the income from all sources and enter the total in the space below.]*

**TOTAL ANNUAL INCOME FROM ALL SOURCES:** \$ \_\_\_\_\_

5. SUMMARY OF ASSETS & ANNUAL INCOME

COMBINED VALUE OF ALL REAL ESTATE (Question 2 total) \$ \_\_\_\_\_  
COMBINED VALUE OF ALL ITEMS OF PERSONAL PROPERTY (Question 3 total) + \$ \_\_\_\_\_  
TOTAL ALL ASSETS (Real Property + Personal Property) \$ \_\_\_\_\_  
  
TOTAL ANNUAL INCOME FROM ALL SOURCES \$ \_\_\_\_\_

I, \_\_\_\_\_, the Petitioner in the foregoing matter, hereby certify that I have conducted a reasonable investigation into the assets and income of the alleged protected person named in this Statement, that the foregoing Statement of Financial Resources is true, complete and correct to the best of my knowledge, information and belief, that I have included within the foregoing Statement, and any and all attachments thereto, all items of real property, personal property and all sources of income of the alleged protected person which are known, or have been disclosed, to me.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
PETITIONER'S SIGNATURE



**West Virginia Department of Health and Human Resources  
Office of Social Services  
Client/Provider Grievance Form**

I, \_\_\_\_\_, wish to file a grievance with the West Virginia Department of Health and Human Resources, Office of Social Services.

I am dissatisfied for the following reasons:

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I understand this form will be forwarded to the State Office, Chairman, Board of Review. A Grievance Hearing will be scheduled by a State Hearing Officer.

Signature of Client/Provider \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Signature of Worker \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Orig: Chairman, State Board of Review  
CC: Case Record  
Client/Provider

SS-28