

**Social Work Conference Call
Meeting Summary
September 2, 2009**

Facilitators: Paige Hector, LMSW with CARES; Joe Bestic, NHA, BA with HSAG; Jill Preston, BSW with JacksonWhite Law

Conference calls are regularly scheduled meetings on the first Wednesday of each month at 12:30 PM. Call 1-888-482-3813 and enter the pass code of 3813 to join in!

Topics Discussed:

- A social worker issued a Medicare notice of non-coverage and the patient's wife has decided to appeal the decision. Patient has an inoperable brain tumor and was admitted for physical therapy. He is no longer making progress with therapy and wife has decided to pursue a palliative approach to care at the facility. Patient does require Haldol and Geodon IM injections for behaviors (crawling on floor, strangling self with phone cord, inappropriate verbalizations/gestures) but does not have a skilled nursing need. His communication skills are quite limited. Wife is requesting the appeal as she doesn't feel she can care for him at home anymore. The appeal is directed to Health Services Advisory Group (HSAG - www.hsag.com) which is promptly reviewed by a HSAG reviewer and physician. (**All notices of non-coverage can be downloaded from the HSAG website*). Of importance is that multiple facility staff members have explained skilled need to the wife as well as the requirements for Medicare coverage. She does not feel she and her husband qualify for ALTCS given that they have a house in California. However, the facilitators of this conference call strongly urged the social worker to encourage the wife to apply for ALTCS in order to prepare for future needs. Since the intent of the couple is to remain in Arizona, it is appropriate for them to apply for the ALTCS benefit. (NOTE: Patients can also appeal a *hospital discharge* – the form is available on the HSAG website)

- A facility has two secured units that are intended for residents who present behavior challenges. The units are alarmed but not secured (locked). They are licensed the same as the other general beds/units in the facility. These two behavioral units do offer a higher level of staffing given the complexity of the residents' needs. Many residents are court ordered but some are on the unit voluntarily. If not voluntarily, they were placed on the unit under the direction of a surrogate decision-maker. The issue now is that some residents on this unit no longer wish to reside on the unit. One of these residents who presented with a UTI and began demonstrating significant behaviors was moved to the secured unit but has since returned to a general unit now that the UTI is resolved and she is appropriate for the general population. For other residents, the facility implements a transitioning process to help facilitate a successful move off the unit and back into the general population. The residents leave the unit for a few hours at a time

and gradually increase the time until they are transitioned safely and appropriately. For those residents for whom the facility has determined not safe and/or inappropriate to reside in the general population, the question arises as to whether the residents have the right to move off the unit. Residents do have the right to self-determination but the facility is also held accountable for being able to provide the appropriate and necessary level of care for every resident which includes keeping all residents free from harm. An analogy to this behavior example is the resident who has medical needs that can only be met on certain units or areas of a facility, i.e. ventilator or infectious diseases. It is not logical to consider placing a ventilator patient on a general unit that doesn't specialize in vents. In fact, the facility would most likely be cited for NOT meeting the resident's needs. The same reasoning applies to residents with behavior challenges. If they are not appropriate (complete with excellent supporting documentation and involvement of all appropriate parties, i.e. case managers, physicians, etc) to reside in certain areas of the facility, the facility has the right, and obligation, to facilitate the most appropriate (and highest practicable level of functioning) placement. If there is disagreement between what the facility deems appropriate and necessary and what the resident wants, the facility will be held responsible:

- Since this facility has already determined these residents to be a danger to self (or others), if the residents express a desire to move off the unit, the facility may need to initiate the petitioning process. By residing on the secured unit, these residents do receive a higher level of care and services which ultimately enables them to be successful in the LTC setting.
 - The facility may need to develop a policy that states as long as a resident's level of care requires the services on the secured unit(s), and if the resident decides to leave the unit (or not return to the unit if in the transitioning process), it would be considered going Against Medical Advice (AMA) which would then lead to an involuntary discharge process.
 - Suggested getting the Ombudsman involved in all such cases
 - The attending physician and the psychiatrist are extremely involved
 - Excellent documentation is crucial (care plan, IDT involvement, informed consent/consequences/risks, etc)
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- Residents who do not wish to follow medical orders for dietary recommendations do have this right. They have a right to go against medical advice. It is recommended to have repeated discussions regarding the necessity of the orders as well as the risks and benefits of following/not following such orders. Recommend having the resident sign a waiver, acknowledging the decision to go against medical advice and that he/she understands the risks and benefits of such a decision. This particular facility has implemented a procedure that discourages staff from helping facilitate/assist the resident to go against orders, i.e. not purchasing candy from the vending machine for a resident with diabetes or ordering a pizza for a resident on a limited calorie count.

- A social worker verbalized how very difficult it is to be a medical social worker in the long-term care facility and that sometimes she feels like a “lone ranger.” Oftentimes the social worker must take a stance to uphold resident rights but in doing so, may go against fellow staff members or even administration at times.
- Residents can store food in their room if it is labeled and packaged properly so as to not present an infection control issue or invite pests like ants. If the facility offers a refrigerator for use by residents, all items must be labeled and dated and then disposed of according to facility policy.
- A social worker works on a campus which offers independent living apartments. The average age of these residents is 87 years old. In this facility there is discussion regarding whether or not a pre-admission assessment for the apartments is considered discrimination. A preadmission assessment is absolutely necessary in order to determine if a potential resident is appropriate for that level of care. It is more detrimental to admit a new resident and then decide he/she is not appropriate for that setting. This would be very disruptive to the individual and the family and could possibly result in deterioration for that individual. It is better to determine if their needs can be met in this facility before admission rather than after. Since the facility also describes the services provided at each level of care, the preadmission screening can be designed to address each of those service areas to ensure the resident can be successful in the setting.
- Definitions of Public Fiduciary, Private Fiduciary, Fiduciary, Guardian and Conservator:
 - **Public Fiduciary**- a government fiduciary can be appointed by the court when no one else is willing or able to assume this responsibility. This does not mean that the individual seeks such appointment; he/she is referred by a concerned party through the petitioning process. There is an investigation and a court hearing. Attorneys can also initiate such petitions and become appointed as the fiduciary. The public fiduciary is certified and collects fees for service, but is there to serve even when there is no financial reimbursement.
 - **Private fiduciary** - a person who, for a fee, serves as a court appointed guardian and/or conservator for one or more persons who are unrelated to the fiduciary, or a person who, for a fee, serves as a court-appointed personal representative and who is not related to the decedent, not nominated by a power conferred in a will and is not a devisee in the will. These individual must be certified as a private fiduciary in Arizona. They can choose whether or not they will accept appointments by the court. Private fiduciaries may be able to work much faster in getting things done, but usually only serve when there is financial reimbursement.
 - **Fiduciary**- can be anyone that is acting as a guardian, conservator, power of attorney, trustee etc. These are usually family members or friends, or financial institutions that act as trustees in some

instances, and do not need to be certified even if they collect a fee for their services.

- **Guardian** - makes decision about the person
- **Conservator** - makes decisions about money, assets, property, etc

For questions regarding any aspect of fiduciary services, please contact Dawn Savatone at the Region One Area Agency on Aging or JacksonWhite Attorneys at Law.

- If a resident is admitted to a facility and at a previous facility had a PASRR Level II completed, the receiving facility must obtain a copy of this evaluation. If unable to obtain a copy from the previous facility, call the appropriate coordinator below to request a copy:
 - **Alice Plaxco**, MI Coordinator with DHS
(602)364-4645 Fax:(602)364-4749
 - **Brenda Vittatoe**, MR Coordinator with DES
(602)238-9028 Fax:(602)252-4818

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