

Q&A: HCS Acute Care Hospital Guardianship Pilot Project & Referral Process Training Webinars Completed August 5th & 9th, 2022

QUESTION	ANSWER
<p>What would the timeframe look like for determinations?</p>	<p>Timeframes are currently being developed but at this time a referral is being reviewed and determination status communicated to hospital referents within 3-5 days of receipt at headquarters.</p>
<p>What about clients with inutero traumatic brain damage whom are now adults and whose neurological issues make them vulnerable and incapable of taking care of themselves?</p>	<p>At this time the qualifying diagnoses would not include this subset as this client population is typically captured under DDA. The Guardianship Pilot Project discussed today is specific to HCS clients.</p>
<p>Who is responsible for doing the due diligence search?</p>	<p>The due diligence searches are done by the hospitals. HCS does not specify who at the hospital is required to do the searches but typically they are completed by case management in the course of ongoing discharge planning work or by the hospital's legal team.</p>
<p>What is the website where further information on this training?</p>	<p>https://www.dshs.wa.gov/altsa/home-and-community-services/acute-care-hospitals</p>
<p>To make the referral to the Pilot Project, does a patient need to have an assessment completed or an HCS referral for assessment initiated?</p>	<p>To be considered for the Pilot Project, at the time of referral only an HCS referral needs to have been initiated. An assessment will be required during the process to ensure functional eligibility for Medicaid if the client is not already on services with HCS.</p>
<p>Do the 20 slots with funding following the client include N05 clients?</p>	<p>Depending on income source, an N05 client could be included in one of the 20 statewide slots.</p>

<p>To reiterate the CM would send a CPG/Conservatorship Request Form if client meets all requirements?</p>	<p>Yes. Please submit the CPG/Conservatorship Request Form if a client meets all requirements and the due diligence has been completed.</p>
<p>Will this presentation slide deck be available after this training session?</p>	<p>The webinar sessions were recorded as stated at the initiation of both sessions. The slide deck and compiled questions and answers will be made available to participants via email within 10-14 days of today's completed session. Materials will also be made available on the HCS website.</p>
<p>We sometime send pts to "bridge beds" in the community while awaiting HCS etc. would they qualify?</p>	<p>If the client was referred to and accepted into the Pilot Project prior to transition to a "bridge bed" within the community, they would be eligible but the referral and acceptance determination must be made while the client is occupying an acute care hospital bed.</p>
<p>If the HCS assessment doesn't have to happen before referral, how will HCS make this determination or is this determined through the referral?</p>	<p>HCS will make the determination to include the client on the Pilot Project under a "presumed eligible" status after speaking to or obtaining supportive documentation from the hospital referent regarding functional status of the client. The assessment will be completed during the course of the guardianship process but is not required to be complete for project inclusion purposes.</p>
<p>Does the term "contracted providers" mean certified professional guardians?</p>	<p>"Contracted providers" for the purposes of the Pilot Project are specific certified professional guardians and conservators that have entered contract with HCS to provide guardianship and conservatorship services to clients identified through this Pilot Project. There will be up to 15 contracted providers for this Pilot Project to provide services to clients across all three HCS regions.</p>

<p>How many slots are available in this pilot project?</p>	<p>HCS has funding to support up to 60 clients. A waitlist will be maintained.</p>
<p>What would be the benefit of utilizing the pilot program for our agency as we typically utilize our own lawyers for guardianship?</p>	<p>The Pilot Project is not a benefit to be used instead of a hospital's typical process. The Pilot Project is intended as an additional resource when and if a hospital's typical processes are unable or unsuccessful in identifying an accepting guardian/contractor. Execution of a hospital's internal processes are what generate the completion of the due diligence search requirement of the Pilot Project.</p>
<p>If there is a 5 days expectation but you check in in 2 months?</p>	<p>Contracted providers have 5 business days to review the case summary and express their interest in accepting a case from the Pilot Project. When no contractor expresses interest, HCS continues to work with contracted providers to determine if there are barriers that could be addressed for them to feel comfortable to accept the case for appointment but in the event that none of the contracted providers agree to serve as guardian/conservator, HCS has built in staffings at 2 and 4 months. If at the end of 4 months, no accepting guardian/conservator is identified and barriers are not sufficiently able to be addressed, the referral is closed and the case is diverted back to the hospital with suggestion to pursue appointment through the Office of Public Guardian (OPG).</p>
<p>Does HCS wait 2-4 months to make a case referral to the Office of Public Guardians if the Pilot Project is unable to identify an accepting contracted certified professional guardian or conservator for court appointment?</p>	<p>HCS does not provide referrals to the Office of Public Guardian (OPG), the hospital itself does. The Office of Public Guardian is limited in it's capacity and geographic location it can provide services so the Pilot Project is meant as a way to offset the volume of referrals to OPG that could be served by other guardians/conservators as the OPG is the guardian of last resort. HCS pilot project</p>

	<p>and OPG are two distinct and separate entities that have separate eligibility criteria, therefore, a hospital could refer to both the HCS Pilot Project and OPG simultaneously but it would be up to both HCS and OPG to make acceptance determination for their programs.</p>
<p>For someone not on the list of accepted conditions or after the program is full - what do we do with those patients are they just stuck in the hospital?</p>	<p>The Pilot Project has limited jurisdiction to service only Medicaid eligible clients and as such HCS has funding to support up to 60 clients. Hospitals are recommended to place the client on waitlists to allow for accurate data collection so HCS may continue to advocate for additional funding to support expansion pending data trends.</p>
<p>What is the reason for excluding cases sent to bed readiness program?</p>	<p>Funding is specific to acute care hospital capacity and as such the requirement for occupying an acute care hospital bed was identified during the pilot project phase.</p>
<p>If we know the Office of Public Guardians caseload is full, why we are required to complete the referral form?</p>	<p>The OPG referral process is a two step process: 1) The intake form for the statewide certified professional guardian/conservator ListServ and 2) the OPG specific case referral form. In efforts to minimize the amount of steps and paperwork for hospitals, HCS is asking as part of the due diligence checklist prior to referring to the Pilot Project that hospitals do step 1 of the OPG process as it would be sufficient for meeting both HCS Pilot Project and the OPG referral process requirements. Doing so at this time would also benefit hospitals should a guardian/conservator not be identified though the Pilot Project as the step would have already been completed to move to second step of OPG referral process. Similarly, this step is required as it is the only way to access the statewide guardianship/conservatorship ListServ to allow all providers to consider a case. To clarify, this is</p>

	competed through the OPG only because the Office of Administrative Courts (OAC) has assigned the oversight of the statewide ListServ to the Office of Public Guardians.
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