

## Guardianship Screening Review Process

### Community Services: Adult Services

*Morrison County has an established screening committee, per Minn. Stat. §524.5-304(g), to complete a comprehensive review of applications. The committee's responsibility is to examine each application to determine if establishment of a guardian or conservator is appropriate per Minnesota Statutes.*

#### Screening Team Duties

- The screening team will have a makeup of the following professionals:  
Supervisor, APS worker, AMH/SUDS Case Manager, Waiver Case Manager, Public Health Nurse, Intake Worker.
- A minimum of 4 members of the committee must be present to allow decision making on a case at screening.
- Non-Emergency cases will be screened monthly. Emergency cases will be reviewed in a timely fashion and can be screened with primary worker and Supervisor if 4 members are not available.
- **Criteria that will be used to assist in decision:**
  - Does the potential protected person meet the indigent income guidelines?
  - Have available family/friends been explored as potential guardian?
  - Does the need for guardianship exist or is there a less restrictive alternative? (Volunteers of America, Lutheran Social Service, Ombudsman resources)
  - Is guardianship the appropriate solution to the situation?
  - What examples of poor choices are noted and would guardianship influence this?
  - What will guardianship accomplish?
- The screening committee will approve/deny the application and a letter will be sent to the applicant indicating whether the request was denied, approved, or **partially approved (limited guardianship)** to move to a referral to the County Attorney office.

#### Documentation Required

- Statement in support of guardianship from a physician. Inquire as to further medical support and documentation to explain the statement of need.
- Current and any past medical information to support the deficits noted in the request.
- History of workgroups in SSIS. What type of workgroups and how long were they open?
- Any criminal history past or present?
- What examples of how deficits have influenced poor choices and whether a guardianship would positively influence such decisions in the future?
- Past guardianships screened or filed and status.
- Any assets and MA eligibility information to determine if client would be eligible for in forma pauperis payment for guardianship fees.

Resources to Explore Least Restrictive Options

<https://www.voamnwi.org/guardianship-supported-decision-making>

<https://mn.gov/ooltc/>

<https://www.lssmn.org/services/older-adults/guardianship-options>

## **Requests related to Guardianship:**

### *Non-Emergency*

- Non-Emergency requests will be faxed to MCHHS (320-632-0225) fax or emailed to [hhsintake@morrisoncountymn.gov](mailto:hhsintake@morrisoncountymn.gov) It will then be reviewed by the Intake worker and the AP or AMH Supervisor. If the individual is open with a case management workgroup, information will be forwarded to the Case Manager for review, processing, and presenting to screening team. Assigned Case Manager will complete general guardianship petition.
- If the individual has an AS assessment workgroup or PCA only workgroup, APS worker will be assigned by supervisor for review, processing, and presenting to screening team. In this case APS worker will complete general guardianship petition.
- If no workgroup exists, APS worker will be assigned by supervisor for interview with person in need of guardianship, processing and presenting to screening team. In this case APS worker will complete general guardianship petition.
- The assigned worker will draft a letter to the referent with a recommendation to support or not support the petition for guardianship. This letter will be reviewed and signed by a supervisor prior to being sent.

### *Emergency*

- In the event of an emergency request – referring physician/agency will make a MAARC report and fax request to MCHHS or email to [hhsintake@morrisoncountymn.gov](mailto:hhsintake@morrisoncountymn.gov) . APS worker will be assigned by supervisor. APS worker will gather documentation and submit a request for screening including a minimum of four screening team members and Supervisor to review the immediacy of the request.
- If the emergency guardianship petition is supported, the AP staff will prepare and present petition, as appropriate, including all needed documentation to County Attorney's Office.
- If relevant, AP staff or open case manager are to attend court hearings as scheduled and ensure a copy of the court order is received.

### *General Petition for Guardianship following an Emergency Guardianship*

- APS staff or open case management will follow emergency cases to assess for possible need for general guardianship. Staff will again collect supporting information and review with screening team for decision. If supported, a general petition to County Attorney's office should be submitted no later than 6 weeks prior to the ending of emergency guardianship letters. If screened for emergency and team feels that general would be appropriate – the general petition may be completed at the same time as the emergency petition. If team supports decision to end guardianship, worker should send an update to County Attorney's office.
- If family: As appropriate APS worker may provide direction to documents and resources that would assist family in completing.
- If Professional: MCHHS will ensure that the outside agency has the Guardianship/Conservatorship Application referral for screening.

## Morrison County Guardianship Application

### Referral Source

|                                     |  |               |              |                 |
|-------------------------------------|--|---------------|--------------|-----------------|
| Date of Referral:                   | Service Requested:   |               |              |                 |
| Referral Contact:                   | Phone:   | Email:        |              |                 |
| County of Financial Responsibility: | Medical Assistance Status:   |               |              |                 |
| Proposed Guardians:                 | <input type="checkbox"/> Public/Professional <input type="checkbox"/> Private <i>(Indicate name &amp; address below)</i> |               |              |                 |
| Full Name:                          | Phone Number:  |               |              |                 |
| Physical Address:                   |  |               |              |                 |
| <i>Street/ Apt. #</i>               | <i>City</i>  | <i>County</i> | <i>State</i> | <i>Zip Code</i> |

### Person Subject to Guardianship

|                           |              |               |              |                 |
|---------------------------|--------------|---------------|--------------|-----------------|
| First Name:               | Middle Name: | Last Name:    |              |                 |
| Date of Birth:            | Gender:      | Race:         |              |                 |
| Home Address:             |              |               |              |                 |
| <i>Street/ Apt. #</i>     | <i>City</i>  | <i>County</i> | <i>State</i> | <i>Zip Code</i> |
|                           |              |               |              |                 |
| Current Physical Address: |              |               |              |                 |
| <i>Street/ Apt. #</i>     | <i>City</i>  | <i>County</i> | <i>State</i> | <i>Zip Code</i> |

### Informal Supports Discovery

Indicate what efforts have been made to identify a supportive decision-maker or an informal support system.

Relative/Next of Kin (If applicable)

|   |
|---|
| Name:   |
| Relationship:                                   |
| Efforts to identify/ability to provide support: |
|   |

### Triggering Concern – Emergency Guardianship Only

Explanation of need for emergency guardianship. What is the imminent harm that will likely occur to the person if emergency guardianship is not granted? Please be as specific and detailed as possible to identify the need for emergency.

### Least Restrictive Alternatives Attempted

List which has been considered and why these services will not meet the need. Consider Case Management, informal assistance from family or friends, POA, representative payee, waiver services, health care directive, civil commitment, authorized representative, advocacy, and legal counsel for vulnerable adult or family.

- ☐ Consult occurred with Volunteers of America, Ombudsman, or Lutheran Social Services for least restrictive options.

### Decision Making – Service Needs

Please describe if there is specific consent or decision requiring the authority of a guardian. If the person is unable to understand the consequences resulting from their decisions or inaction – please explain what decisions about medical treatment, residence, and or finances must be made.

### Cognitive Impairment/ Physical Health Status

Documentation of significant cognitive impairment exists. Please list pertinent documentation available with dates completed.

Medical records (when these are available) demonstrate impaired capacity and an inability to make a reasonable decision about specific consent needed for protection and there is a physician or psychologist statement in support of guardianship/conservatorship.

Please check which one of the following have been done (at least one required):

- ☐ Neurological evaluation or consult for individuals referred due to a neurological condition.
- ☐ Psychological evaluation or consult for individuals referred due to conditions related to a developmental disability or related condition or mental health
- ☐ A neuropsychological can replace both of the above.

Please take the following areas into account when seeking guardianship/conservatorship.

- ☐ The person's needs cannot be met in any other way than guardianship or conservatorship.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The needs of the individual are continuous -or- limited guardian powers have been designated.  |
| <input type="checkbox"/> | The purpose of the guardianship/conservatorship is to meet the needs of the person, not to reduce liability for providers or ease the work of other professionals. |
| <input type="checkbox"/> | The potential benefit of the guardian/conservatorship outweighs the cost and potential harm to the person financially, emotionally, socially.                      |

#### Supportive Documentation (Not required)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Hospital Notes (Faculty notes, daily charting, labs (relevant to concerning condition)) |
| <input type="checkbox"/> | OT/PT evaluations   |
| <input type="checkbox"/> | Individual Education Plans (18 yrs.- 24yrs.)  |
| <input type="checkbox"/> | Waiver service plans/ MnCHOICES assessment results                                      |
| <input type="checkbox"/> | SNF/TCU Care Plans  |
| <input type="checkbox"/> | Case management support documentation (If, applicable)                                  |

#### Signature of Referent

Name

Signature

Date

#### Submit Options

1. Email completed document to [hhsintake@morrisoncountymn.gov](mailto:hhsintake@morrisoncountymn.gov)
2. Fax documents to **(320) 632-0225** Attn: Adult Protection Intake

***If the application is approved,*** an approval letter will indicate the information needed to proceed with the petition for guardianship/conservatorship.

***If the application was denied,*** the denial letter would indicate the reasons for the denial. The decision is final. If circumstances change, an amended application can be submitted. It will be processed as a new application.