

*A Resource Guide for Independent  
Case Managers for the Developmental  
Disabilities Waiver*



**Developed by:**

**The New Mexico  
Department of Health  
Developmental Disabilities Supports Division**

# Acknowledgements

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# Use of this Guide



***A Resource Guide for Independent Case Managers for the Developmental Disabilities (DD) Waiver*** was designed as a resource for New Mexico independent case managers (CM) who serve individuals with developmental disabilities. It serves as a ready-reference to information, resources, and tools you can use to enhance individuals' experiences with the service system and, most importantly, to support attainment of outcomes they personally seek to achieve.

This guide is structured in such a manner as to represent key aspects of the CM's role in his/her relationships with individuals and their families, guardians, advocates, all types of service providers, and others involved in the individual's life. Each chapter addresses a different process that the CM and team assist individuals to complete to secure and receive services and supports that are personally important to their health, safety, and growth as human beings. All chapters describe the rationale(s) for the activities described, the necessary procedures to complete them, and references to relevant policies and/or Regulations.

The guide is comprised of an **Introduction**, nine (9) **Chapters** and an **Appendix**.

<b>Chapter</b>	<b>Title</b>
<b>I</b>	<b>How Individuals Become Eligible for Developmental Disabilities Waiver Services</b>
<b>II</b>	<b>Getting to Know the Individual</b>
<b>III</b>	<b>Making the Most of Meetings</b>
<b>IV</b>	<b>Planning with the Individual</b>
<b>V</b>	<b>Community Resources and Supports</b>
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<b>IX</b>	<b>When an Individual Changes Services</b>

The guide illustrates the role and responsibilities of CMs with the use of scenarios commonly encountered by individuals, their CMs and teams. These are real life examples of personal experience in services and supports.

The material in this guide can be used in different ways. The guide in its entirety can be used as a handy 'desk reference' for guidelines, protocols, tips, and samples of forms a CM uses on a regular basis. In addition, sections within chapters can serve to refresh knowledge and skills of a particular case management function, particularly those that address situations that arise only on occasion.

This guide can also be made available to colleagues, especially provider agency service coordinators, as well as other team members who play different roles in the lives of individuals. It can expand their understanding of CM interactions with and on behalf of individuals served.

**Note:** *To review regulatory citations, refer to the hyperlink entered by each reference.*

## Chapter III

# Making the Most of Meetings



- ◆ Meetings that Enhance the Individual's Life
- ◆ Preparing for an Effective Meeting
- ◆ Meaningful Participation & Self-Advocacy
- ◆ Starting off on the Right Track
- ◆ Giving & Receiving Feedback
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- ◆ Co-Facilitating Meetings
- ◆ Understanding & Working with Guardians
- ◆ Resources on Guardianship

# Chapter III

## Making the Most of Meetings

### Meetings that Enhance the Individual's Life

A primary case management function is the facilitation of formal (team meetings) and informal (discussions with guardians or resolving issues with providers) meetings. To ensure effective and outcome oriented meetings for the individual and the team, the case manager (CM) must be a skilled facilitator. **Remember: Effective, outcome-based meetings are critical to ensuring health, safety, and quality of life.** The following information will help the CM:

- ◆ utilize effective advocacy skills;
- ◆ promote self-advocacy;
- ◆ ensure relevant issues are addressed in a positive manner;
- ◆ promote creative thinking and problem solving that produce desired outcomes;
- ◆ clarify the role of legal guardians and others who assist with decisions;
- ◆ utilize conflict resolution techniques to resolve disagreements; and
- ◆ assist the team to achieve consensus on decisions.

#### Training Resources

Information on facilitation is provided in the Developmental Disabilities Supports Division (DDSD) Level 1 course: **Promoting Effective Teamwork.**

**Remember: The process should be as person-centered as the intended outcomes.**

The following checklists can be duplicated for use when preparation and facilitation of meetings become difficult.

## Preparing for an Effective Meeting

A well-run meeting requires thoughtful and thorough preparation on the part of the facilitator, the individual and other team members.

<b>Tips for Preparing for an Effective Meeting</b>	
□	Determine the purpose and desired outcome(s) of the meeting.
□	Develop an agenda in collaboration with other stakeholders. Word topics clearly and sequence issues in a logical flow. Include appropriate timeframes for each agenda item, including some “flex” time.
□	Select location and meeting time appropriate to the individual and guardian. If considering a meeting at the person’s home: <ul style="list-style-type: none"> <li>□ Ensure others living in the home will feel comfortable. If not, find another location.</li> <li>□ Determine how to respect privacy and confidentiality if other individuals and their staff will be present.</li> <li>□ Ask for permission to use wall/flip charts and re-arrange furniture.</li> </ul>
□	Review files to identify information you need before and at the meeting.
□	Send written notification and agenda in advance of the meeting. ⇒ <b><i>Pre-Service Manual Sample</i></b>
□	Ensure participants are ready for the meeting, especially the individual.
□	Prepare visual aids and a tentative list of ground rules.

## Meaningful Participation & Self-Advocacy

Individuals may require assistance to prepare for and participate in meetings, in order to demonstrate self-determination. As the primary advocate for the person, it is the responsibility of the CM to speak up and take action to ensure the individual's rights are honored and that his/her desires, needs, and point of view are heard, seriously considered, and supported by the team.

<b>Tips to Support Individuals' Participation &amp; Self-Advocacy</b>	
<input type="checkbox"/>	During regular visits, talk with the individual to determine interests, preferences, dreams, issues, fears, concerns, etc.
<input type="checkbox"/>	Provide supports that assist the person to learn his/her rights.
<input type="checkbox"/>	Encourage the individual to join a self-advocacy group.
<input type="checkbox"/>	Talk to the individual about the purpose and desired outcome(s) of the meeting and obtain his or her input on the agenda items (staff may assist as needed).
<input type="checkbox"/>	Make sure the scheduled time and location of the meeting are convenient for the individual and that any needed accommodations are in place.
<input type="checkbox"/>	For ISP meetings, assist the individual to draft his dreams, aspirations and long-term outcomes for all life areas, prior to the meeting.
<input type="checkbox"/>	Assist the individual and staff to creatively express desires and concerns, at the meeting; staff should help prepare charts, collages, photos, etc.
<input type="checkbox"/>	Make sure the individual has sufficient time to express opinions.
<input type="checkbox"/>	Require team members to direct all comments and questions to the individual; staff may assist with answers when necessary.
<input type="checkbox"/>	Encourage the individual to assist in the facilitation of the meeting.
<input type="checkbox"/>	Include communication and choice-making strategies and supports in the Individual Service Plan (ISP).
<input type="checkbox"/>	At the meeting, <b>ADVOCATE</b> for what the person has shared with you.

<b>Starting off on the Right Track</b>	
<input type="checkbox"/>	Arrive early to set up the room and eliminate environmental distractions.
<input type="checkbox"/>	Start on time; welcome others and lead introductions that set a person-centered tone for the meeting (personal connections with the individual, his/her accomplishments, gifts, successes, etc.).
<input type="checkbox"/>	The individual should be seated in a manner to promote direct communication with team members.
<input type="checkbox"/>	Explain the purpose, desired outcomes, agenda items and how the meeting will be facilitated; obtain commitment from the team to adhere to the agenda.
<input type="checkbox"/>	Explain why all members must participate in the full meeting; ask for commitment.
<input type="checkbox"/>	Assist team members to develop, agree upon, and adhere to ground rules.
<input type="checkbox"/>	Assign roles (timekeeper, scribe, etc.) to ensure all relevant information is available for planning and the team's time is spent effectively.

The CM is responsible for capturing detailed and thorough notes that reflect the issues the team has addressed, deliberated and resolved. The information must be integrated into the ISP as appropriate, along with any CM notes that accompany the ISP. All meetings to discuss expert/clinical recommendations require documentation of team decisions on the DDSD Decision Justification Form.

⇒ **Appendix: *DDSD Decision Justification Form***

<b>Tips for Accurate Note-Taking</b>	
<input type="checkbox"/>	Use flip charts or other visual aids.
<input type="checkbox"/>	Post main ideas where all team members can see them. This helps the team maintain focus, be aware of issues, and reach consensus.
<input type="checkbox"/>	Use exact quotes whenever possible and clarify what team members offer prior to writing them.
<input type="checkbox"/>	Print legibly and large enough for all team members to see. Leave adequate space between written thoughts, opinions, issues, etc.

## Giving & Receiving Feedback

Facilitators must be able to provide and receive constructive feedback to keep the team focused, ensure a respectful team process, resolve conflicts, and achieve consensus.

Tips for Providing Constructive Feedback	
<input type="checkbox"/>	Share your feedback as soon as possible.
<input type="checkbox"/>	Describe what you have seen and heard; keep comments concise.
<input type="checkbox"/>	Share positive outcome(s) associated with the person's actions.
<input type="checkbox"/>	If corrective feedback is needed, focus on the situation or behavior; state what should be occurring, what is occurring, and ask what must be done to correct the situation (provide input as needed). Do not blame; provide feedback in private when appropriate.
<input type="checkbox"/>	Let others know about the excellent performance of any team member.

Tips for Receiving Constructive Feedback	
<input type="checkbox"/>	Keep an open mind; strive to understand others' perspectives.
<input type="checkbox"/>	Take notes to help you process what you are hearing.
<input type="checkbox"/>	Withhold your opinions until you clearly understand the feedback.
<input type="checkbox"/>	Summarize differences and commonalities.
<input type="checkbox"/>	Gain consensus on a mutually desired outcome.
<input type="checkbox"/>	Collaborate with the person in order to determine next steps.

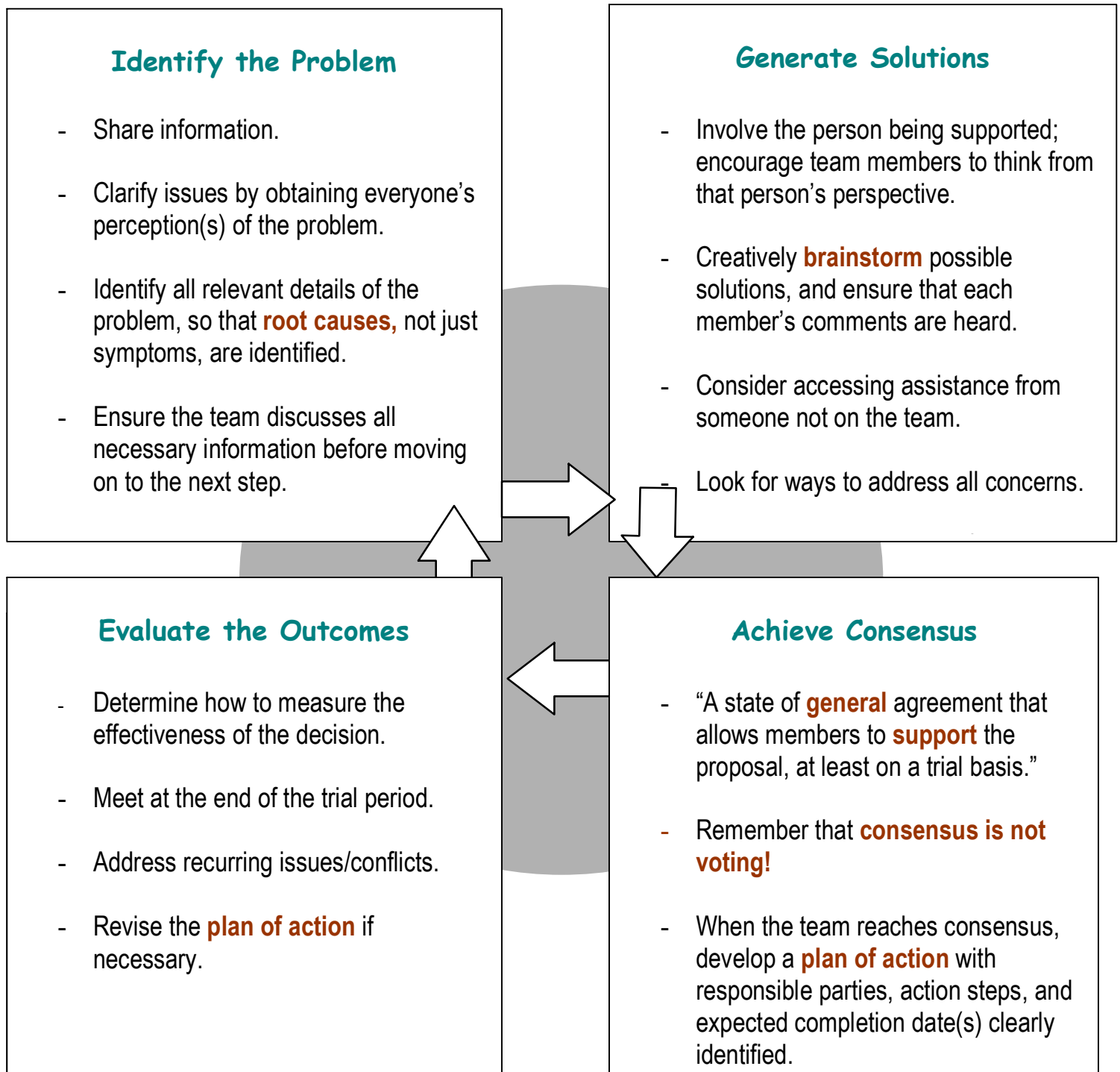
## Facilitating Focused Discussions

Meetings that produce effective outcomes for the individual require focused discussions. These tips respect participants' needs and emotions, and keep the discussion on track.

<b>Tips for Facilitating Focused Discussions</b>	
<input type="checkbox"/>	State context of discussion, ask team to focus on facts, monitor vibes, and intervene as necessary.
<input type="checkbox"/>	Provide sincere encouragement and constructive feedback.
<input type="checkbox"/>	If team members help as scribe/timekeeper, check in to ensure comments are recorded and team is adhering to the established agenda.
<input type="checkbox"/>	Assist team to address conflict openly and appropriately; use constructive feedback.
<input type="checkbox"/>	Actively work on resolving challenges, using techniques for brainstorming and consensus that promote effective participation of all team members. When decisions are made, ensure the scribe has made accurate notes and provide a brief but inclusive summary of the agreement.
<input type="checkbox"/>	Actively model effective communication, problem solving and respect.
<input type="checkbox"/>	Ensure roles and responsibilities are clearly established and summarized prior to the end of the meeting.

## The Problem Solving Process

Teams must be skilled in problem solving in order to effectively plan and provide services to individuals with complex issues and/or desires. This diagram displays the sequence and substance of the problem solving process.



## Dealing with Disagreement

It is common for disagreements to arise during problem solving. **Remember:** *Disagreement can be beneficial; it is not a threat to group process or a personal attack. Appropriately facilitated, it may help the team plan and prevent “false consensus”.* If issues are communicated and negotiated effectively, conflict is less likely to occur, outcomes will be created, and relationships maintained.

<b>Tips for Dealing with Disagreement</b>	
□	Use active listening <ul style="list-style-type: none"> <li>□ Use 'I' statements rather than 'you' statements.</li> <li>□ Ask open-ended questions.</li> <li>□ Identify critical content in each participant's dialogue.</li> <li>□ Respect the person even if you do not agree with his/her idea.</li> <li>□ Summarize statements both verbally and in writing.</li> </ul>
□	Don't react to inappropriate behavior; try to view the situation objectively and respond rationally. Be aware of your own values and emotions.
□	Ensure that concerns are: <ul style="list-style-type: none"> <li>□ Identified,</li> <li>□ Expressed,</li> <li>□ Addressed, and</li> <li>□ Negotiated before conflict occurs.</li> </ul>
□	Refer team to agenda and re-direct comments to a more appropriate time.
□	If a topic is not on the agenda, ask if the issue should be added, placed on a 'parking lot' until later in the meeting, or scheduled for a separate meeting.
□	Enforce ground rules when necessary to ensure a civil discussion.
□	If disagreement results in confusion or frustration and stifles group process, take a break to help participants keep an open mind. Use the time to speak to participant(s) who need clarification or constructive feedback
□	If disagreement is moving toward conflict: <ul style="list-style-type: none"> <li>□ Attempt to contain and de-escalate the conflict.</li> <li>□ Negotiate varied views to handle conflict in a safe and neutral forum.</li> <li>□ Determine needs for technical assistance and set a time to discuss the issue with additional support</li> </ul>

## Reaching Consensus

The team is required to plan and resolve conflicts in a manner that promotes health, safety and quality of life, through consensus. The individual does not require team agreement/approval regarding his/her dreams, aspirations and desired long-term outcomes, only the team's willingness and commitment to help him or her to get there.

<b>Tips for Reaching Consensus</b>	
<input type="checkbox"/>	Remind the team of the individual's desired outcomes.
<input type="checkbox"/>	Ask people to state their views (including their underlying concerns/fears); protect their perceptions and re-frame in context with the individual's outcomes.
<input type="checkbox"/>	Ask questions to clarify or address non-verbal signs of concern.
<input type="checkbox"/>	All concerns should be listed on a visual aid.
<input type="checkbox"/>	Do not permit blame or ego to sabotage the process.
<input type="checkbox"/>	Allow all members time to process.
<input type="checkbox"/>	<p>Facilitate solution-focused brainstorming sessions.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Brainstorming session should be time limited; 15 minutes at most.</li> <li><input type="checkbox"/> Don't evaluate ideas until time is up, just keep listing more ideas.</li> <li><input type="checkbox"/> To assure everyone's ideas are heard and accepted for consideration, consider having members write their ideas down individually (one idea per index card) and then share with the group. If the team has "turf" issues, collect all ideas, read them out loud and list them on a flip chart so ideas are not ruled out on the basis of personalities or agency affiliation.</li> <li><input type="checkbox"/> Evaluate <b>after</b> brainstorming time is up.</li> </ul>
<input type="checkbox"/>	When all concerns have been addressed, ask the group to identify the most appropriate course(s) of action, and create an action plan that all members are willing to try.
<input type="checkbox"/>	If the group cannot reach consensus, continue with solution-focused brainstorming until either the team achieves consensus or time is up.
<input type="checkbox"/>	Consider the need for technical assistance if team cannot reach consensus.

### ⇒ Chapter IV: *Planning with the Individual*

## Co-Facilitating Meetings

There are times when the CM will co-facilitate a meeting with the individual or other team members. Successful co-facilitation requires thought and preparation but benefits facilitators and participants in the following manner:

- ◆ Increases ownership of the team process.
- ◆ Provides benefit of different perspectives.
- ◆ Helps monitor group process, problem-solving and conflict resolution.
- ◆ Supports shift from role of a facilitator into the role of an advocate
- ◆ Enhances meeting effectiveness through additional checks on perceptions, interpretations and agreements; models collaboration.

<b>Tips for Effective Co-Facilitation</b>	
<input type="checkbox"/>	Clearly determine roles and responsibilities in advance and prepare.
<input type="checkbox"/>	Discuss how to mesh facilitation styles and identify how each of you would like to be supported before, during, and after the meeting.
<input type="checkbox"/>	Be consistent in instructions to the team.
<input type="checkbox"/>	Adhere to agreed upon timelines.
<input type="checkbox"/>	Advise the group when you are changing roles.
<input type="checkbox"/>	Be involved and positive when not actively facilitating: <b>stay in the room</b> , monitor process and assist with conflict/content. Agree on a “help” signal.
<input type="checkbox"/>	Share preparation and clean up; both facilitators should have a complete agenda, notes and set of facilitation materials.
<input type="checkbox"/>	Have a back-up plan in case one facilitator is late or cancels at the last minute.
<input type="checkbox"/>	Use each other’s strengths.
<input type="checkbox"/>	Do not interrupt or disagree in a negative manner. <ul style="list-style-type: none"> <li>▣ If a difference of opinion arises, take a break to debrief.</li> <li>▣ If the other person hasn’t fully addressed something or you want to contribute, wait until they finish and ask if you may contribute.</li> <li>▣ Work out a system to cue or prompt each other to maintain the current facilitator’s role and limit disruption.</li> </ul>
<input type="checkbox"/>	Debrief and provide each other constructive feedback.

## Understanding & Working with the Guardian

Individuals naturally become legal adults at the age of eighteen; the Courts, however, can legally appoint others to assist the individual with decision-making. The Probate Code governs most appointed guardians; the Mental Health and Developmental Disabilities Code governs treatment guardians. The CM, in conjunction with the team must ensure that the level of guardianship is appropriate, when needed. The DDS Individual Assistance and Advocacy (IAA) Unit (**505-841-5528/800-283-5548**) and Continuum of Care [www.unmcoc.org](http://www.unmcoc.org) are sources of additional information. **Note:** *A copy of the Court Order appointing guardianship must be kept in the primary file at the Case Management agency.*

### Types of Guardianship

Be aware of the levels of guardianship, the timelines for appointment and the parameters of authority for each to ensure decisions are made appropriately. **Note:** *Incapacity must be proven for any type of guardianship to be appointed to someone.*

**Guardian Ad Litem:** Court appointed attorney who protects and ensures the rights of individuals (including minors) in Court proceedings. A “guardian ad litem” is always appointed to represent the individual in a guardianship proceeding.

**Treatment Guardian:** Person temporarily appointed by the Court to assist with decisions for specific **mental health treatment** (i.e. medication) of an individual in a mental health facility; responsibilities are **limited** to these decisions. Treatment guardians should not be confused with other types of guardians.

**Temporary Guardian:** Person temporarily appointed (60 days) by the Court when physical health is in jeopardy. A process is available for quick appointment so emergency health and safety decisions can be made in a timely manner.

**Testamentary Guardian:** Person appointed by, and named in the will of, a parent and/or other legal guardian; the appointment becomes effective after the guardian's death. **Note:** *The CM should work with aging guardians to ensure a testamentary guardian has been named or other measures to transfer guardianship are in place. The testamentary guardian should be encouraged to begin their involvement in the individual's life, before his/her guardianship is in place.*

**Limited Guardian:** Person appointed by the Court if the individual is able to make some, but not all, personal decisions and can manage some, but not all, aspects of personal care. A Court Order for limited guardianship will specify responsibilities and powers of this guardian. The individual will retain all other decision-making authority.

**Plenary or Full Guardian:** Person appointed by the Court as responsible for all major decisions on behalf of the individual. An Order for Plenary Guardianship notes only decisions the guardian is **excluded** from making (i.e. decisions regarding sterilization and marriage). All other authority and responsibilities are vested in the guardian. Effective guardians work with the individual and team to ensure desires are identified and considered; if the guardian and individual disagree, conflicts must be resolved in a manner that supports the individual to the maximum degree possible. If not, then the team must intervene. Refer to "Tips for Ensuring Guardianship is Adequate" and "Tips for Promoting Consensus between Legal Guardians and Individuals" found later in this chapter.

## Supports for Decision Making & Communication

The CM is responsible for ensuring other types of supports are accessed should the individual need help with making decisions. Copies of documentation regarding the use of the supports listed below must be maintained in the primary case management file.

**Surrogate Health Care Decision-Maker:** An individual with decisional capacity can appoint a surrogate health care decision-maker. If the appointment is made orally, the individual must personally inform the health care provider with primary responsibility for health care, of the appointment. The surrogate informs health care providers of treatment to provide or withhold, in accordance with the individual's wishes should the individual become unable to make his/her own decisions. If the individual does not have a guardian or appointed decision maker, the hospital's policy for designating a surrogate should be followed.

**Conservatorship:** Person appointed by the Court to manage the property and/or financial affairs of an individual deemed incapable of doing so (adult or minor child).

**Durable Power of Attorney:** Legal instrument empowering a designated person to act on another's behalf; the "durable" power does not lapse if the individual who executed it becomes incapable of making informed decisions. This support was originally intended to permit financial or property transactions; however, durable powers of attorney are also used to delegate authority for medical decisions.

**Representative Payee:** Person appointed as a representative payee to receive and manage financial benefits of the individual. The Social Security Administration, Veteran's Administration and other government agencies have specific procedures to appoint a

representative payee; the appointment only applies to the specific program(s) for which it is granted.

**Trust:** Legal relationship created by a person (settlor), in which another (trustee) manages assets for the benefit of a third party (beneficiary). A trust can help to ensure a higher quality of life for an individual, including funds to support additional education, assistance, recreation, vacations, gifts or personal amenities.

**Advanced Medical Directives:** The CM should encourage individuals with complex medical issues and/or who are aging to consider an advanced medical directive that will identify and communicate personal desires for extreme medical measures. When supporting a person considering advanced medical directives, please remember:

- 1) Everyone has the right to be informed about advanced medical directives.
- 2) People must have decisional capacity to make advanced medical directives.
- 3) Advanced directives can be made either in writing or orally.
- 4) No one can make advanced medical directives for another person.
- 5) The individual can change advanced medical directives at any time.
- 6) It is preferred that the individual, his or her family, and his or her physician be in agreement on decisions. The parties involved can be referred to an ethics committee or mediation services in the event of conflict; however, this is not required.
- 7) It is recommended that the CM initiate the discussion of advanced medical directives with the individual at the time of his/her annual assessment. This discussion should be held privately due to its sensitive nature. The team needs to be aware of whether or not advanced medical directives are in place and the directives need to be described in the ISP. The basic health and safety related supports section may be used to document these decisions, which must also be referenced on the individual specific training section.

⇒ ***Guidelines regarding Advanced Directives***  
<http://www.unmcc.org/training/advance.htm>

One type of advanced directive indicates the individual's desire regarding resuscitation. If a Do Not Resuscitate Order (DNR) is desired, this must be identified and documented in the ISP and primary case file at the Case Management agency. When supporting a person during emergency situations, remember the following:

- ◆ Do Not Resuscitate (DNR) orders only apply to cardiac or respiratory arrest
- ◆ If an individual has a DNR order the EMS/DNR form must be completed, as it is the only form legally recognized by Emergency Medical Services (EMS).
- ◆ If an individual has a DNR, staff should call 911 and give the form to EMS.
- ◆ Emergency medical staff **cannot** assume that DNR orders are in place, based on a person's disability or health status; if a DNR order is not in place, medical staff must implement all possible life saving measures.
- ◆ If the individual does not have a guardian or appointed decision maker, the hospital's policy for designating a surrogate should be followed.

### ***Ensuring the Adequacy of Guardianship***

If the team believes an individual's guardian is ineffective, it is the responsibility of the CM and team to ensure issues are resolved or a change of guardianship is initiated in a timely, yet sensitive manner.

<b>Tips for Ensuring Guardianship is Adequate</b>	
□	Try to resolve issue(s) with the guardian.
□	Facilitate a meeting to discuss and document why the team perceives the guardian is not acting in the best interests of the individual. Depending on the situation, this may need to involve a separate meeting with just the CM and guardian after collecting concerns from the team.
□	Attempt to locate a family member, advocate, or other interested party who may be interested in assuming guardianship or helping the guardian to be more effective.
□	If the current guardian does not agree to the change in guardianship, the Office of General Counsel/Department of Health (DOH) should be consulted.
□	Once a change of guardianship is agreed to, the team must seek the services of an attorney to ensure legal channels are followed.

*Ken is a 63-year-old man receiving services through the DD Waiver. Approximately 10 years ago, his mother, who also served as his guardian, passed away and no one petitioned to continue the guardianship.*

*Over the years, Ken has become more stubborn and has engaged in behaviors or incidents that are harmful to him. His finances are a major trigger to him. He refuses to pay rent or allow anyone to handle his money. Ken says they are trying to steal his money. However, he will go to the bank and withdraw all of his money to spend. The team is not sure where the money goes and this leaves Ken with no money to pay his bills. He is on psychotropic medications due to a diagnosis of depression but gets very angry if staff does not take him to the casino where he can gamble and drink alcohol. Although team members, including his psychiatrist, have tried to explain to him the dangers of combining alcohol and medications, Ken refuses to stop and reminds everyone that he is his own guardian.*

*The team invited a state advocate to meet Ken and attend his meetings, if Ken approved. Ken turned out to be very receptive to this situation. The team continued to feel uncomfortable that Ken is still not making informed decisions in many areas of his life. The team recommended a referral to the Guardianship Unit of the Developmental Disabilities Planning Council to begin the process of guardianship.*

*The CM completed the referral packet to DDPC and then ensured that a neuro-psychological evaluation was scheduled and completed. Ken's residential staff obtained the needed medical information from Ken's primary care physician pertaining to the need for guardianship. Prior to the court proceedings, Ken had the opportunity to meet with the court appointed guardian ad-litem and the lawyer. Ken was very resistant to having a guardian. His behavioral support consultant worked closely with Ken and his team during this potentially volatile time. Ken worked closely in preparing what he wanted to tell the judge when the proceedings began.*

*Ken's CM and invited team members accompanied him to court. He did have the opportunity to speak to the judge, which made him feel both respected and empowered. The result of the petition was that Ken would have limited guardianship to oversee his financial and medical decisions.*

## Consensus between Individuals & Legal Guardians

The CM must ensure the relationship between the individual and legal guardian is protected should conflict arise; facilitation of consensus to resolve disagreements is the first step. The tips on the following page reflect respect for both parties and their values.

Tips for Promoting Consensus between Legal Guardians & Individuals	
<input type="checkbox"/>	Gather information from both parties regarding how and why their opinions/desires differ. Encourage each to share the issues/concerns behind his/her opinions; seek to understand all viewpoints (past experiences, lack of trust, inadequate supports, etc.).
<input type="checkbox"/>	Ask the guardian what must be put in place to support the individual's desire(s) and the action plan(s) identified by the team.
<input type="checkbox"/>	With permission from both parties, facilitate a discussion of their viewpoints to ensure a full perspective of the situation is considered.
<input type="checkbox"/>	Help the parties agree upon similar elements of their different views.
<input type="checkbox"/>	Design an ISP to include the individual's desires and actions plans the guardian will support.
<input type="checkbox"/>	The team must <b>always</b> request technical assistance from DDSD if consensus cannot be reached that will preserve the relationships between the individual and guardian.

## Resources on Guardianship

Developmental Disabilities Planning Council (DDPC)	<b>(505) 827-7596</b>
Adult Protective Services (APS)	<b>(505) 841-7984</b>
The Arc of New Mexico (the Arc)	<b>(505) 883-4630</b>
Lawyer Referral for the Elderly Program	<b>(505) 797-6005</b>
State Bar of New Mexico	<b>(505) 797-6000</b>
Protection and Advocacy (P&A)	<b>(505) 256-3100</b>
Individual Assistance and Advocacy Unit (DDSD)	<b>(505) 841-5528 &amp; (800) 283-5548</b>

## Sources Used for this Chapter

*Pre-service Self-Study Manual for Case Managers & Service Coordinators, 2005 edition, DDSD*

*Advocacy Strategies for Case Managers and Service Coordinators, 2003, The Cutting Edge Consulting Services & NM DOH/DDSD, Barbra Portzline & Noelia McNew.*

*Guidelines for Community Programs & Case Managers & Interdisciplinary Team Members Regarding Advance Directives and Health Care Decisions, Continuum of Care Project, 2001*