



## **Connecting Care Coordination to Guardianship Services A Partnership to Facilitate Community Placements**

### **Background/Context:**

Patients without resources and/or family members who are unable to make health care decisions for themselves due to incapacity languish in hospitals as Guardians are sought through the Court system.

There is no one to address their post-hospital care, consent to a discharge plan, select another housing arrangement or care facility. Nor is anyone available to assemble the necessary documents and information and to apply for benefits such as Medicaid, COPES and VA benefits. Often, this situation means that patients who could otherwise be discharged linger in the hospital, as the hospital asks the court system to appoint a Guardian who can make decisions for the patient.

After a hospital commences a guardianship proceeding, there are few resources – and in some cases no resources – available to pay a Guardian to assist an indigent person. Lack of a willing Guardian and uncertainty about the patient’s income can frequently cause skilled care facilities and other residential care providers to refuse to accept a hospital patient as a resident. Care providers are reluctant to accept patients who do not have an identified decision maker for their care and personal needs.

These situations, which on average last for 3-4 months, present many challenges for the patient and the hospital. When the patient is ready for discharge, but awaiting a Guardian, the bed is not available for another patient who needs it. While the patient remains in limbo, there is no one to instruct the hospital in care decisions. Hospitals cannot employ or choose guardians directly because the Guardian could be viewed as lacking the necessary independence to make decisions, as required by law.

According to Harborview, for every 1 patient awaiting a guardian, they are occupying a bed that could be used by approximately 17 patients; in addition, hospitals do not want to expose individuals who do not need to be in a hospital to other conditions; particularly in these times with limited Personal Protective Equipment (PPE) and other resources.

Connecting Care Coordination to guardianship services is designed to free up critical bed space, a mounting issue given the added pressures of COVID-19 that is overwhelming the hospital system that before the outbreak, already had limited bed space for those most in need.

## **Summary of the Concept**

In the same spirit that Project Access Northwest began, connecting Care Coordination to guardianship services addresses the needs of patients, providers and hospital systems.

- Project Access Northwest will facilitate the appointment of Guardians for indigent patients so that health care decisions can be made on behalf of that patient.
- Project Access Northwest will not engage in any court or other legal proceedings associated with guardian assignment or placement.
- Project Access Northwest will contract with multiple private professional Guardians and, using funds provided by hospital partners, pass-through \$5,000 in funding for up to 6 months to cover the costs incurred by the Guardian.

This will allow the Guardian to make post-acute decisions and apply for public benefits that can provide financial support for the individual's future needs. Guardians are attracted to this type of arrangement because they are able to be compensated for their services without having to wait for other forms of reimbursement.

## **Estimated number of individuals who will benefit and/or beds that will be made available**

The number of individuals in need of guardians varies, but on average, Harborview has approximately 20 patients per month that need a Guardian and have to work through the Court System. Current numbers are not available for the Puget Sound Area, but have been estimated to be 300 annually. By providing a link to guardianship services, Project Access Northwest could potentially reduce the amount of time it takes to have a Guardian appointed from 3-4 months to less than 21 days.

If one assumes 20 patients per month in a bed for 120 days, this is 2,400 patient days that cannot be used for a patient in need of acute care. If we can reduce the time to 21 days, it would save 1,980 patient days. Assuming an average length of stay of 7 days for most patients, this would free up beds for more than 280 patients.

## **Process Overview**

Project Access Northwest develops a pipeline of multiple private legal guardians who can be called on when guardians are requested by Harborview (and/or other hospital partners).

Agreements will be signed between Project Access Northwest and private legal guardians that do not exceed a six-month time span.

Using its pipeline of multiple private legal guardians, Project Access Northwest will coordinate a match to the need of a hospital for a guardian, to a private guardian. We will endeavor to make

a connection within 21 days of request by the hospital. There will be no requirement or jeopardy for Project Access Northwest if we are not able to fill a request within the target of 21 days.

For Project Access Northwest the scope of work is to match up to 21 patients in need with guardians as requested by the hospital(s). If an assigned guardian needed additional services or resources for their client related to specialty care, then we would as with others, refer them to our Community Health Center or other free/faith based clinic partners.

All legal work between guardians and in this case Harborview, and/or other additional hospital partners would be handled between the hospital and their own legal department. Project Access Northwest would not be involved in any court proceedings in regard to guardianship placement.

#####

Project Access Northwest is a non-profit 501(c)3 formed in 2006 to improve access to specialty health care for low-income and uninsured patients. It matches volunteer specialty care providers and hospital partners with carefully pre-screened patients in need of care. Originally started in King County (Washington state), it has since expanded its service area to include Kitsap and Snohomish counties. Project Access Northwest also provides dental care in King County to qualifying Northwest Kidney Center patients.

From the beginning, Project Access Northwest has specialized in Care Coordination, matching volunteer specialty care providers and hospital partners with carefully pre-screened patients in need of care. Even with the implementation of the Affordable Care Act, the need for better access to health care services — especially specialty dental care — remains. Project Access Northwest remains committed to matching patients in need with caring volunteer providers and to developing innovative programs that improve health care access in our region.

It also developed the statewide Premium Assistance program to assist those who are eligible to purchase private health insurance on the Washington Health Benefits Exchange but for whom paying the premiums is a financial hardship.

**Contact:**

Gary Renville  
Executive Director  
Cell: 307-543-6397  
[garyr@projectaccessnw.org](mailto:garyr@projectaccessnw.org)