

Office of the Public Guardian for Elderly Adults (OPG)



“Maximizing capacity, preserving dignity”

**Helen Dodick, Acting Public Guardian
Office of the Public Guardian
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Department of Human Services



Mission Statement

*To aid, empower and protect New Jersey's
incapacitated elderly by furnishing
outstanding individualized guardianship services.*

-Helen Dodick

Guardian vs P.O.A.

Power of Attorney
≈ Voluntary



Guardian
≈ Involuntary



Who Serves Our Clients



Scope of Guardianship



Person



Property



Person and Property(Plenary)

Appointment Criteria

✓ Over the age of 60

✓ Deemed incapacitated
(by the Superior Court Of NJ)

✓ No willing or appropriate family
member or friend to serve



Prior to Appointment

~Monthly

~ receive 100's of petitions

~ Weekly

~ “Docket Meeting”

~ Accept or decline cases

~ Communicate decision to the court



FYI -OPG does not petition to become guardian, but rather accepts judicial appointments on a discretionary basis.

Upon Appointment What Happens Next?

~Care Manager completes intake

~Social and medical history



~Finance Team

~Gather financial information

~Begin payment process



~ Legal Team

~Access government benefits (Medicaid etc.)

~Inventory of property



Governing Principles

*We recognize that each client is **unique**, with his or her **own behavior** and **values**. We honor each client's **choices** to the maximum extent possible, planning ahead to ensure that **individual care** and treatment **wishes** are **respected**. Good faith and honesty--the fundamentals of fiduciary responsibility--guide us as we carry out our duties. Accountability, compassion and a humble awareness of the level of trust reposed in us by the public, the judiciary and the health care community inform our decisions.*

-Helen Dodick



Department of Human Services



Super Tuesday



~ Life Plan

~ Planned client decision making

~ Team approach and fact sharing

~ Medicaid Eligibility

~ Finance Team

~ Legal Team

~ 1 Year Anniversary

~ Care Manager update

~ Financial update

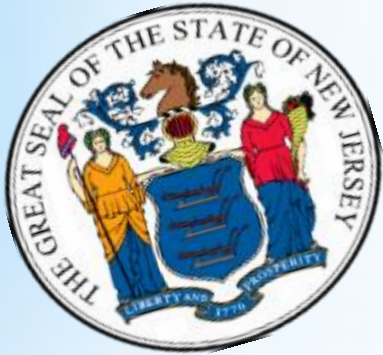
Team Members



Privacy Rule and HIPAA

The Public Guardian and her staff are considered personal representatives under the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and shall have **full and complete access to all records.**

Guardian Representatives



One State office
One Public Guardian

Many Guardian Representatives

Care Managers

Nurses

Investigators

Attorney

Paralegals

Finance workers



Important Facts



✓ **Face sheet**

✓ **Correct contact information**

✓ **Judgment/Order**

✓ **Transfers with client**

✓ **Family Members**

✓ **Information**

When to Contact OPG

Clinical concerns:



 **Poor appetite/weight loss**

 **Falls**

 **Wounds**

 **Any other change**

24/7 contact number 609-588-6500

When to Contact OPG

Clinical concerns:



24/7 contact number 609-588-6500

The Physician Questionnaire

Do not resuscitate (DNR)

Do not intubate (DNI)

Do not hospitalize (DNH)

Hospice



The PQ Form...

In order to make an informed decision consistent with the case law of New Jersey regarding surrogate medical decisions please complete the enclosed questionnaire regarding Life Sustaining Medical Treatment.

Completed by **TWO** physicians.

Goals of Treatment

Initial ☐

Update ☐

Office of the Public Guardian for Elderly Adults of New Jersey

PHYSICIAN QUESTIONNAIRE FOR GOALS OF TREATMENT

PHONE NUMBER: (609) 588-6500 FAX NUMBER: (609) 588-7044

Patient: _____ Age: _____ DOB: _____ Gender F ☐ M ☐

Current Location: _____

Permanent Location: _____

Diagnosis:

☐ Dementia ☐ Hypertension ☐ COPD ☐ Diabetes ☐ CHF ☐ Parkinson's ☐ Renal Disease

☐ CVA ☐ Pneumonia ☐ TIA ☐ Cancer Type: _____ Stage: _____

☐ Other (please explain) _____

Current Level of Pain:

☐ None ☐ Mild ☐ Moderate ☐ Severe

Pain Medications/Interventions: _____

Current Level of Functioning: (Please include evidence of any changes in conditions.) _____

Specialist Consultations: _____

With reasonable medical certainty, is the patient's life expectancy approximately one year or less? Please elaborate:

Are you aware of any previous verbal or written statements by this patient concerning Life Sustaining Treatment? . Have you had any communication with family members or friends?

Goals of Treatment

Life Sustaining Treatment

At the current time I am recommending the following:

Patient should be designated as Do Not Resuscitate: ☐ Yes ☐ No

Patient should be designated as Do Not Hospitalize: ☐ Yes ☐ No

Patient should be evaluated for Hospice Services: Yes No

Artificial Nutrition should be..... Withheld: ☐ Yes ☐ No Withdrawn: ☐ Yes ☐ No

Artificial Hydration should beWithheld: ☐ Yes ☐ No Withdrawn: ☐ Yes ☐ No

Artificial Ventilation should be..... Withheld: ☐ Yes ☐ No Withdrawn: ☐ Yes ☐ No

Intubation should be. Withheld: ☐ Yes ☐ No Withdrawn: ☐ Yes ☐ No

Life sustaining medication should be.....Withheld: ☐ Yes ☐ No Withdrawn: ☐ Yes ☐ No

Goals of Treatment

Do you agree that the burdens and risks of treatment outweigh any benefit the patient might derive? ☐ Yes ☐ No

Please elaborate: _____

Goals of Treatment: _____

Prognosis with Treatment: _____

Prognosis without Treatment: _____

Print Name: _____ SIGNATURE: _____ Date: _____

Phone Numbers: _____

How long have you been treating the patient? _____

Attending in Hospital ☐ Facility Physician ☐ Hospitalist ☐ Primary Care

SECOND PHYSICIAN

As a second opinion, I concur with the proposed treatment plan stated above. I also concur with the recommendations made regarding Life Sustaining Treatments because:

After Hours

On call Care Manager-

~After hours

~ 24/7 weekends

Notification of

~Emergencies

~Change in status

~Falls

~Transfers



24/7 contact number 609-588-6500

Discharge

Restoration



- Improved metal status

- Improved physical status

Substitution

Death

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