

Legal Documents & Consent Review for Social Work Practice-20250307_120140-Meeting Recording

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1h 20m 42s

● **Murphy, Allison, D** started transcription

ML **McElroy, Lisa** 0:06

OK, welcome.

I'm sorry, I just start the recording from a different computer.

So give us just a second here and I'm gonna share.

Our screen.

That should look blank to you right now.

So that is the intention.

All right. I can no longer see you.

So can someone verbally say that you can see our slide show please?

 **Larson, Brooke, N LCSW** 0:41

We can.

ML **McElroy, Lisa** 0:42

Thank you. OK, this is it.

What you've all been waiting for?

Our presentation on legal documents and consent for review for social work.

So we're going to let Lisa get started.

All right, welcome.

So just to kind of get started, just some of this might be very basic for some people, some of it might be new information, but we just wanted to review from kind of a basic standpoint and then we will have time for questions and then I cannot see.

If she's on but Angela harsh with risk is going to be joining us so she is available for some of the more complex.

 **Harse, Angela, G** 1:15

I'm on.

I'm on Lisa. Yeah, thanks.

ML

McElroy, Lisa 1:19

OK.

Perfect. OK.

So she is here as well for some of those more intricate questions that she might be able to help us with.

So learning objectives for today is that staff will have increased comfortability and competency in determining who has authority to legally consent to medical care for our patients, and staff will be familiar with documentation standards related to these legal issues.

So everyone's favorite policy policy first.

So most of the questions can be answered in our consent policy.

We have the link here.

There's also a couple policies, other policies that will be pertinent in other situations, but a bulk of the questions are easily answered in the consent for medical and surgical care policy.

So when in doubt, typically it makes sense to refer to that policy 1st and then certainly come to us and we'll get to all of that stuff later.

So you'll see that policy referenced a few times throughout our presentation, along with a few other policies.

OK.

So we're going to kind of start off with the different types of legal documents that social workers asked to review and kind of interpret and determine ability to consent. So starting with our notarized legal documents.

So first up is our power of attorney, which is when we see all the time, which is when. A parent is signing ability for someone else to consent for their child.

Our CMH document is preferred.

We have that linked here at the end of our presentation.

And also in the consent policy is criteria. If you get a different form, their specific criteria that we need to make sure that it meets the qualifications for a power of attorney, for our consent purposes.

And then let's see also one thing to know with the power of attorney is if custody changes.

So let's say a parent completed a power attorney and then that child goes into state custody.

That part of attorney would no longer be valid, so change of custody changes things in other situations as well, but keep that in mind.

And then the relative caregiver affidavit is only valid in Missouri.

We also have that document linked at the end of this policy.

It's also included in the consent policy.

It is only valid when they're seeking care in the state of Missouri, and that is if a child is living with a family member.

All the specific criteria is outlined that family member can complete that, have it notarized and that would give them the ability to consent in Missouri.

And then with just like with all other legal documents, you're going to want to make sure you go in and update the legal note that those documents get skin into the record and we enter the legal note with the type of document and the ability to consent.

I'm going to go through a few slides and then I'm going to stop for questions before Michelle comes on.

So can we see if there are questions I can?

Allison can. OK. Perfect. OK. And then the next one, after a notarized documents are legal documents from the court.

So we tried to list most of the ones that we see. We frequently get divorce decrees and parenting plans, which outline custody visitation. If there's any other additional things that would be helpful. Decision making rights with regard to medical care. Sometimes those can be long and involved, and I feel like you can kind of tell how difficult the the divorce was by the length of those plans.

But we get those frequently.

We also have orders of protection when someone is prohibited from having contact with someone.

Adoption decrees. We're gonna. Michelle's gonna go into a little bit more detail about some of the situations around private adoption, guardianship.

Michelle is also going to talk a little bit more about guardianship for minors and then guardianship for incapacitated adults.

And then we have protective custody or orders from Family court, which we see quite often when our Child Protective Services agencies are involved and have taken custody.

Court documents are going to include the judge commissioner's signature, the court stamp seal and then that front page that has all of the information for the relevant

parties to make sure that the child's information is listed and all of the appropriate parties are there.

One thing to kind of be aware of is I think sometimes not social work staff, but other staff or family members misuse some of the words. In particular guardianship. I think sometimes people assume or use that word incorrectly, not knowing that a guardianship really has to be appointed.

Through a court, one example I thought of is a while back we had a grandmother who presented with a child and the child's mother had passed and the grandma said, well, I'm the legal guardian and I think she just thought that she was because the mother had.

Passed so once we explained that has to go through the court, we did the relative caregiver and that was it.

So I think just making sure we really tease through.

I don't think people are trying to misrepresent.

I just think there's a lack of understanding.

So if someone says he has guardianship, we really need to see that court document. And then with regard to petitions, be careful with that.

Sometimes petitions can look very similar to orders. That is something that they are submitting to the court that results in the order, so the order will have all of those things kind of up above the signature in the official order.

And then I have one more thing.

I'm gonna go over. This is something that we have encountered recently that is relatively new and utilized by the state of Missouri Children's Division.

I'm also gonna give a quick little plug for Michelle Lockard, who is our supervisor with Edfr's team who worked at the Children's Division and was actually present and instrumental in the development of this.

So she's on. But she's also around and available as a resource for this particular document because there is some confusion around it.

So try to be as clear as possible, but essentially there are two documents when talking about a temporary alternative placement agreement. The CD295 is the agreement that is typically signed or should be signed by the Children's Division, the Legal Guardian and the placement PROV.

Which is going to allow them to consent to all medical care.

What we need is that official notice of temporary placement of a child at CD294 and I have these documents on the next slide. So I'll show those to you.

And so once we receive that, we would enter a legal note confirming that that placement provider can consent to all medical care.

These are only valid for 90 days, just for awareness, and in these case, and they typically have the end date on the on the document and important to note on these cases the children's division does not have custody, nor is this a safety plan. This is simply.

An ability for the child to be placed elsewhere, typically with a family member, and allowing that person to consent for their medical and educational. But for our purposes, medical care.

So the the children's vision does not have custody, which means the parent does continue to have custody.

And so if you have someone here and the placement provider is present, they can consent to that child's care.

But if the parent is in disagreement, that is when we would want you to escalate that to your leader, because parents do still have rights and their their preferences would typically supersede that of the placement provider. And we would engage.

The Children's Division for further planning around that and then on the next page, I'm just going to show you.

I know they're small, but you guys will have access to this slide deck.

The first one is that official notice of temporary placement that we would receive, and then the second one is just the front page, but of the actual top of document itself.

So I'm gonna pause.

I think Michelle's gonna come up next and ask if there are any questions specific to some of the stuff I just went through, which I know is a lot.

And again, some of it's basic, some of it is a little more, might be new to some people.

Any questions?

Yeah, you can also put them in the chat.

OK.

Well, I'm gonna have Michelle pop up here if there are questions around those slides, I will come back on.

And then again, I will take a bunch of questions at the end as well.

OK.

Well, now we're gonna talk about. I get the other legal documents slide and I many

of you know, I love looking at legal documents and consents, which is good because we probably get at least three to four questions a day on some of these things. But I.

Want to just touch on the private adoption?

And international adoptions.

One of our policies is the adoption parental relinquishment policy, and I will be honest that I was not incredibly familiar with this.

So I want to just give you a couple of high level highlights, I would say primarily this is going to be something that the inpatient social workers run into more often than not and I'd like to point out that the policy owner on this is Lisa McElroy and.

So you know, she is our resident expert on this and should any questions come up, we would want to direct them to her.

But some of the highlights are is that hospital staff should notify social work of a parent's expressed interest in relinquishment of of his or her child.

That's really important because obviously if that those discussions are happening.

There's something more for us to dig in and explore with them also, and I think this comes from a good place, but I've seen throughout the years on my work on the inpatient side is sometimes when patients are here for a really long time, hospital staff get really.

Close to these patients and sometimes want to explore adoption with them. But one of the the bullet points in the policy is that hospital staff are prohibited from initiating contact or discussions with parents about the possibility of relinquishment or adoption. And so sometimes we need to direct people.

Back to that.

And then finally, upon receipt of the final adoption order to create, the adoptive parents have the same rights as the birth parents, and at that point the biological parents don't have the ability to consent to medical care. My friend Lisa would like me to point out that those.

Are probably the easiest parts of the policy.

But where it's tricky is in the interim. So in between the time when.

The perspective adopted parents.

Oh goodness, let me back up a minute.

The tricky time is once custody's been removed from the parents and the from the biological parents and the adoptive parents haven't yet had their adoption finalized.

A lot of times, the adoption agency gives consent, so some of those can be tricky.

It does vary from state to state and country to country.

And sometimes those designations are for the agency to do so. I want to give you a little example, and I'm going to be vulnerable here by sharing this.

I would say probably 10 years or more. I was working on an international adoption consent for a patient who was placed in the physical placement of his adoptive parents here here in the United States for a circumcision.

And I looked the document over.

I will tell you I looked it over in good faith.

Believing that based on what I read, the adoptive parents could give consent.

And so I gave my stamp of approval and later the International Adoption Agency reached out to me and said that, you know, actually this was a Korean adoption. They place children with their adoptive parents. But for the year following the adoption, that actually the adoption agency is the.

One to give consent so.

I'm sharing that to say like I did that in good faith.

Never did I imagine when I went to do my programs for social work that I would be looking at and interpreting so many legal documents.

So if things get tricky or you have questions, I want you to always reach out and phone a friend because I'll be honest, Lisa and Allison and I do it all the time, so. This is one that doesn't come up too frequently, but we thought we'd at least mention it.

Is foreign exchange students so foreign exchange students when they come over whatever agency they use, they come with lots of documents and sometimes they get hurt or they need medical care.

What we've run into is that a lot of times their documents are not notarized and so we have we, the hospital we've had to call the legal guardians to get clarification on the foster parents ability to consent.

I would love to see if Angela Harse might weigh in and say, you know, is that typical for maybe other countries to not have such documents notarized?

These are instances where we likely would be reaching out to our partners and legal to get some further clarification on this.



Harse, Angela, G 14:01

Yeah, you you guys can always reach out to us.

I do think it varies and if we're not sure that the legal document in front of us is

sufficient, you know, the easiest way is sometimes might be just to call the parents because we can always get consent orally over the phone.

ML **McElroy, Lisa** 14:06

Yes.

Mm hmm.

OK.

Thank you. I appreciate that.

Another thing I'd like to share is that there are so many nuances to legal documents. Sometimes I think, OK, I literally have seen everything in my 24 years here, but a few months ago I was stumped. When Sarah Schafer came to me with what looked like a judge's.

It was like worse than any position I'd ever seen.

Like literal scribbling on what appeared to be scrap paper and the judge's signature at the bottom. And in fact, after talking with the Angela, I believe it was determined that it was a bench order that he had written.

So all of that to say like if you ever get to the point where you think you know everything about court orders and consents like done, things like that pop up.

So it's a constant learning process for sure.

OK, durable powers attorney versus powers of attorney.

I'll start with the powers of attorney.

So those are used for minor patients. They're valid for one year. One nuance to that valid for one year is that if somebody's active duty military or NOA, so National Oceanic and Atmospheric Administration that is good for the duration of their duty plus 30 days and we.

Do see those from time to time.

So that's an exception there. And then as Lisa said previously, all of our our policy outlines the requirements for the power of attorney if they decide not to use our form.

But you will see here that we have linked the preferred power of attorney form.

And then the durable power of attorney would be for patients 18 and older.

It does not terminate in the event that the principle becomes disabled or incapacitated, and again used for adults patients.

So I want to have a little bit of audience participation here and I can't see if somebody's raising their hand so. But Allison can.

So I'm going to give you an example.

We had a patient who came into epilepsy and I will say that Sandra Flores has become the resident expert on all things as it relates to 18 year old patients.

With or without Guardians, and the patient lacked the capacity to provide consent.

But his mother presented a durable power of attorney to us and said that that then gave her authorization to provide consent for his ongoing care in the epilepsy clinic.

I would love to hear somebody weigh in on their thoughts related to this.

2nd.

Dragon again, you might have to call them some new.

Uh oh.

OK.

We'll see.

Yeah, Chelsea just called MOC call the Chelsea said.

Call the MOC.

Lot of people are laughing at that.

That's good.

And yes, I would have to laugh at that as well.

This one is a is.

I mean, it's not really tricky to to us, but you can't.

The patient couldn't sign a durable power of attorney because he lacked capacity, so so much of what we do as social workers is educate both families, and sometimes we end up educating the providers along the way about the limitations and determining next steps.

I know you all.

Sounds like guardianship is needed, not just OK, Catherine said.

Sounds like guardianship is needed, not just POA.

Yes, you get a Gold Star.

Catherine, I know you all can read, but I still like to.

I'd like to read this definition out loud.

It's on page 13 of 22 like you will find that many of us know what are on certain pages because we reference this and I need to get it a tattoo of it.

But capacity an adult or minor authorized to consent to his or her own treatment or treatment for his or her child, must have capacity.

Capacity is the ability to make informed decisions.

A person with capacity is conscious, able to understand the nature, severity, risks and

alternatives associated with the condition or illness and able to participate in an informed decision making process regarding the medical care capacity indicates an ability to make choices that reflect.

An understanding and appreciation of the nature and consequences of one's actions. Any issues or questions regarding a patient's capacity must, and I stress must be resolved by the attending physician or practitioner. I know that many of you, particularly on my team and probably other teams, are asked to weigh in on a patient's ability to consent and if.

They, or if they have the capacity to consent and the guidance that we routinely give is that it's not within our scope of practice and direct them back to the policy and direct them back to their leaders.

I know we always want to be helpful as social workers, so sometimes I will send them a link to the policy, but ultimately it is the providers determination to make.

Oh, we have a question.

Rachel MC Spadden asked on the C.

MH POA do both.

The Guardian and assigned POA need to sign the notary or is just the guardians sufficient?

OK, often I sign POA is not present when.

Are asking are being asked to fill this out. OK, so the question is by Rachel Mcspadden. She's asking about our children's mercy power of attorney, and she's asking if the if both the signature of the person giving the power of attorney needs to be notarized as well.

As the person that they're giving.

The consenting power to I'm gonna ask Angela to weigh in.

But first I will say like it is my understanding that it is the parents signature that we need to have notarized.

But please weigh in on that, Angela, if you would.




Harse, Angela, G 21:10


Yeah.

Yeah. So the Missouri law actually says it needs to be both, but we understand that they're they're often not there.


ML **McElroy, Lisa** 21:19
OK, OK.

 **Harse, Angela, G** 21:22
And so we are fine and comfortable as long as the parent has signed it, that we don't have to have the signature from the person who's accepting responsibility. I think the reason the laws is written that way is because you know somebody could presumably decline that responsibility and say I don't wanna be that. But as long as they're ready, willing and able to participate and we have the parent signature on our form, I I think.

ML **McElroy, Lisa** 21:42
Sure.

 **Harse, Angela, G** 21:54
That's fine and I would just note in case you guys haven't looked at that form before, don't get confused the the title of it is temporary delegation of powers.
To attorney, in fact.
So that is our power of attorney form.
But it it has a little bit different title.
It doesn't just say power of attorney umm.

ML **McElroy, Lisa** 22:15
Right.

 **Harse, Angela, G** 22:16
So yeah.

ML **McElroy, Lisa** 22:18
K.

Great. That is really helpful.
Thank you for clarifying that.
Well, it seems as I really jumped ahead of myself with the next slide again.
Just to to hit my on my point home capacity is determined by the provider.

The patient doesn't have capacity, they cannot consent.

If the patient doesn't have capacity and there's no legal guardian, also the parent cannot consent.

Again, referring people back to the consent for medical and surgical care policy.

I think it's really important if we see these patients who lack capacity and we see them in an outpatient setting.

I mean, ultimately it's the part of the provider's role to educate them that this is coming, but certainly, as social workers, we want to empower families with the information and so planting that seed early.

So that they're not waiting to hear, you know, on the eve of the 18th birthday that, Oh my gosh, there's nobody to provide consent.

So looking earlier on if we can to identify what barriers exist to them obtaining guardianship upon their 18th birthday.

We have had a few cases recently with patients over 18 who are lacking a guardian.

For example, going to share one of Sandra's cases that she's currently working on, it's a patient with numerous medical complexities they.

They have cerebral palsy.

They are G tube dependent.

We have recently learned that they hadn't received any of the formula needed for many, many months.

We're concerned about malnourishment.

We're concerned about.

Lack of follow up the families also living in a car.

And upon making reports to adult Protective Services, they have shared that their hands are tied.

This particular patient actually has a guardianship hearing coming up in a few months. However, right now there's medical neglect and what we expect from adult Protective Services.

Would be that they would protect this really vulnerable population, just as we would expect Child Protective Services to do that. And that's not the experience that we've had. So there just to show there's quite a few barriers that we've been running into and so.

And actually, Lisa's gonna give an example of a case as well.

Yeah, I was just gonna say we've had a couple of cases where the child has been inpatient.

And concerns and we've worked with adult Protective Services and they don't typically take custody, but they have assigned worked with us to assigned a temporary legal guardian who then would allow would have the ability to provide consent sometimes like we had when they needed to complete an applic.

For Medicaid or from for some certain waivers?

So that's been a a situation of two cases I can think of where APS assisted in just getting that temporary guardian in place and then also locating placement. So they just work differently than CPS. But and and sometimes not as quickly. But we have had some success when.

They go that route for some of our patients who are inpatient and need somewhere to safely discharge to.

Go back into. Oh, OK, Angela.

What was your question?



Marks, Angela, V LCSW 25:44

I just had a quick question and this actually came up last night.

And we all kinda were scratching our heads, so it actually probably be the last slide that you talked about.

We had a dad.



McElroy, Lisa 25:55

OK.



Marks, Angela, V LCSW 25:57

Who? The the dad of the patient was 16.

Or let let me back up a 16 year old male needed to consent for his own treatment, and he is also a father.



McElroy, Lisa 26:09

Yeah. Yeah, you do that.



Marks, Angela, V LCSW 26:13

So he the 16 year old person was a father, so they were trying to figure out if the 16 year old male patient needed consent from his father, even though he himself is a father.

 **McElroy, Lisa** 26:14

Yeah. Can I?

No.

No, that's I.

I I wish I could tell you the exact page of the of the document that that shares that, but I'll be happy to look it up and and send you a message. Angela.

But no, if he has his own child, then he has the ability to consent for himself. And please, please drop it if that's not right, Angela.

 **Marks, Angela, V LCSW** 26:43

OK.

OK.

 **Harse, Angela, G** 26:44

That's actually.

 **Marks, Angela, V LCSW** 26:44

That's what we just yeah.

 **Harse, Angela, G** 26:47

Let me clarify 'cause, this is the weird little thing.

Where the two the two states are different. That is true in Missouri.

 **McElroy, Lisa** 26:50

OK.

 **Harse, Angela, G** 26:54

So if you become a parent of the minor in Missouri, you're effectively emancipated.

 **McElroy, Lisa** 26:55

Welcome.

 **Harse, Angela, G** 27:00

So you can now consent for your own care as well as your child.

In Kansas, you can only consent for your child's care.
I don't know why, but that's just the way the law is written.
And we did put that, you know, those nuances anytime they come up, escalate em.
Definitely task 'cause I I'm the person who usually has to revise the consent policy
and I do try to include those things.
So there is a section about minors consenting and the current policy, and it talks
about if they're apparent.

 **McElroy, Lisa** 27:32

Yeah.

So yeah.

So that's Page 3 of 22 in the state of Kansas, a minor who was 16 years or older may
consent to medical treatment if no parent or legal guardian is immediately available.
And we we run into this a lot in the state of Kansas. So like I.

 **Harse, Angela, G** 27:50

That's right.

 **McElroy, Lisa** 27:55

That's just something.

But Angela, I assumed you were at Dell Hall last night based on you covering in the
Ed.

 **Harse, Angela, G** 28:01

Yeah.

 **McElroy, Lisa** 28:02

Is that right?

Angela marks, OK.

 **Marks, Angela, V LCSW** 28:02

Yes and yes.

And it turned out that.

His his dad was actually available, so we were covered on on both sides, but it was
just a question that we were like. I don't know that we deal with that a lot.

ML McElroy, Lisa 28:09

OK.

Yeah.

Yeah. And I, I mean, I know there's lots of other children's hospitals at straddle state lines, but that's the nuances that we talk about. You know, step parents can consent in the state of Missouri, but they cannot in the state of Kansas.

And so knowing that distinction, like having that policy linked on your favorites is something I would highly recommend.

Michelle, we've got a couple of questions and we chat OK to are they, if they're long, do you want to stand up and?

 **Marks, Angela, V LCSW** 28:37

Thank you.

ML McElroy, Lisa 28:43

Well, OK, so. Anna asked.

How long were the temporary guardianship APS assisted with?

Good for. So you know, they are currently still in place. So I think they stay in place kind of indefinitely as long as it's needed, unless there's another option that's presented.

So even though it says temporary, I think they stay in place as long as needed and I see the people with their hands up. But we're gonna address one more in the chat. Chelsea asked for these patients, emancipated in all regards or only in medical consent.

The 6th like this, OK? The 16 year old. OK, for example, Angela Marx's patient from last night.

That was 16.

Are they emancipate?

Her question is this.

Are they emancipated in all areas or just in the ability to consent for medical care?


That would definitely be Angela Harse.

 **Harse, Angela, G** 29:32


Yeah, I honestly can't answer that without reviewing the laws, because it's just not


something we focused on.
But typically they can.


 **McElroy, Lisa** 29:39
Sure.

 **Harse, Angela, G** 29:41
That means they can, you know, become the guarantor and things like that for contracts and billing and all of that. So.

 **McElroy, Lisa** 29:51
OK.

 **Harse, Angela, G** 29:52
I was gonna add to on so because this question does come to us a lot and you guys are certainly welcome to bring it to us.
We understand that there becomes the space that is Gray area where a patient is is now over is 18 or over and they do not have capacity to sign a legal document. You know DPOA or something. Giving someone else to medical decision making and they don't yet have a guardian in in place.
So there's going to be a gap where there's nobody.
And the question is always can we perform the surgery?
Can we do this?
Care. You know, the answer is the law is grey.
So there is a risk of doing that and the risk of doing that care is always going to be upon the providers.
I mean that could be the basis of a a medical negligence or medical malpractice action.

 **McElroy, Lisa** 30:44
Yeah.

 **Harse, Angela, G** 30:51
It could even be considered a battery.
So it it's sort of something for them to weigh and them to escalate to leadership and

we're not.

Our department is not going to say yes, go for it because the law is grey.

It's great if we have the opportunity to work with adult Protective Services and get a temporary or guardian, you know, but sometimes even those that process is can take a while.

So just know that that's a Gray area under the law. Unfortunately. Hmm.

 **McElroy, Lisa** 31:27

OK.

That's helpful. Thank you.

And then to follow up on the emancipated minor question Chelsea's asking, will the medical consent include psychiatric treatment?

So to follow up on the 16 year old emancipated minor, does that include psychiatric treatment?

Are they able to consent for themselves as well on that?

 **Harse, Angela, G** 31:47

Uh, in on the Kansas side once, once they're mature minor, which is 16 and up. If the parents aren't readily available.

 **McElroy, Lisa** 31:48

Yes.

Mm hmm.

 **Harse, Angela, G** 31:55

So I do think that obligation is upon us to try and connect with the parents.

 **McElroy, Lisa** 32:02

Yeah.

 **Harse, Angela, G** 32:02

If if we can't and then on the Missouri side, you know, then you can look at are they homeless youth?

Do they qualify under that provision?

But yes, then there there aren't limitations.
And what they can and can't consent for.

ML **McElroy, Lisa** 32:17

OK, OK. So Nina has a question.
OK, Nina has a question.

KL **Kaushal, Nena, LMSW** 32:21

Yeah, I just had a clarifying question about the emancipated minors.
So if they are from Kansas, like their dress is in Kansas, they became apparent in Kansas.
But they're at Adele Hall on the Missouri side, getting treatment.
I wasn't sure if this was answered, but like, are they able to provide consent for themselves because they are in Missouri, or would we still go based off of like their from Kansas?

ML **McElroy, Lisa** 32:33

Questions.

 **Harse, Angela, G** 32:42

We always say and go based off of where the care is occurring. So the law in Missouri.
Which is why, like a Kansas family can come in to come to Adele Hall and sign a relative caregiver affidavit.
And that can work for consent in Missouri.

ML **McElroy, Lisa** 33:00

Any other questions?
Allison. OK.
One thing I wanted to remind folks of.
Not everybody knows this, but when there are surgical consents for patients who are in foster care.
Gracie is the one who managed manages all of those, so thank you, Gracie. If you're on, we appreciate you so much. That is an enormous amount of work.
And now I'll turn it over to Alison.

Hi I hope everyone enjoys our slide in slide out.

Way that we're handling this presentation today, we we organized this choreography early on in the presentation.

I also had another comment and I just want to follow up with.

Angela, again another.

Clarification with the emancipated minor situation is that from this person's understanding is that if the teen parent has to have their child, that child in their care to still be considered emancipated.

Does that sound accurate? OK.



Harse, Angela, G 34:11

Yeah. Yes, it does, yeah.



McElroy, Lisa 34:15

Yeah. So that's a good clarification and call out there.

So thank you for that, OK.

Thank you everyone for your participation.

It's been great and great discussion and great questions and we're going to be able to do a little bit more of that here in just a minute.

So this is just a very basic review, but in case you don't know, we do have notaries at the hospital to help in these situations, especially like with the POA. If you need that.

In the moment there is a notary contact list on the scope an all House shift supervisors are supposed to be notaries, and they're available 24/7 at Adele Hall.

So there that is the qualifier.

There, they're going to be at Adel Hall.

But within our social work department, Allison and Christina are both notaries.

So Allison here at Adele Hall and Christina over at Broadway or notaries, are there questions about that 'cause. I could see it.

There's a question from Jennifer.

She has a question come up for male patients who identify themselves as a parent.

Can they be considered emancipated?



Harse, Angela, G 35:24

Yes, if the child's in their custody.

ML **McElroy, Lisa** 35:27

If the child's in their custody, K.

Wow, we did not anticipate so many minor questions.

So great job, everyone, for calling that out.

OK, this is where we're gonna have some audience participation, which is gonna be so great.



Harse, Angela, G 35:43

Mm hmm.

ML **McElroy, Lisa** 35:44

So I've got a series of example documents here and I want to hear from all of you on if they are valid or not and if they are not, I want to know why they are not. So we have a sample POA here for.

Pebbles flintstone. So if you I hope you can see the slide.

I have both pages.

Is of the POA, that is children's Mercy's POA and.

Barney brought pebbles in.

To her cardiology appointment today and presented this POA.

So valid or not?

For Barney, design consent for that cardiology appointment.

And if it's not, why is it not?

Yeah.

And you can speak up or you can put it in the chat.

Yes, Selena, Selena said.

It's expired K.

Can you expand more on that please?

Anyone, not just Selena?



S **Schellert, Selena, B LCSW** 36:54

Up. Oh, OK, OK.



ML **McElroy, Lisa** 36:57

I mean, you can if you want.

I just didn't want to call you out and put you on the spot.

S **Schellert, Selena, B LCSW** 37:00

Well, if they showed up today, it says that.

Oh wait.

Hold on. Maybe I didn't read it very well.

ML **McElroy, Lisa** 37:07

No, go ahead. Go ahead.

You you might be on the right scent there.

Keep going.

S **Schellert, Selena, B LCSW** 37:13

Is is it expired December 20th, 2024?

No, hold on. I can't read this.

ML **McElroy, Lisa** 37:20

It it.

Yes, I really think it's hard to see.

So yes.

So you're you're you're right there.

S **Schellert, Selena, B LCSW** 37:24

Oh, here we go.

Oh, but it yeah, expired.

Expired in January, sorry.

ML **McElroy, Lisa** 37:28

Yes, it expired in January expired January 1st, I believe of 2025.

Yes, very good, because these are only valid for one year.

So it's Fred signed it on the 20th day of December in 2024 and he had the date range on there from January 1 to January 124 to 25 S.

Very good Gold Star for you.

I did give Catherine a Gold Star on the emojis earlier, so we'll be sure to do that for

Selena too. If you can't figure it out, I'll it later.

Lisa in the background says that they're smart too.

We have another question from Sasha. OK, does the notary not need to sign anywhere either?

03 on the back. OK, let me go back.

Good call out.

So the notary stamp is there. George Slate, the notary.

Yeah, that's the boss.

His little stamp is there instead of his signature.

So that was a good call out.

Hopefully you can see that if not, when you get these slides, you can zoom in really close.

Oh, and his signature is there.

I signed it on the Notary public line. I mean, George signed it on the notary public line.

Now you know it's fake.

Ha, my cover's alone. OK. Oh, OK. OK.

HL **Horn, Sasha, LMSW** 38:57

I didn't see it.

I should have read it.

ML **McElroy, Lisa** 39:00

Well, I can show it to you later if you're really that interested.

HL **Horn, Sasha, LMSW** 39:04

I'm leaving now.

ML **McElroy, Lisa** 39:04

Alright, here's our next one.

HL **Horn, Sasha, LMSW** 39:04

Bye everyone.

ML **McElroy, Lisa** 39:07

Here's our next one for relative caregiver affidavit for.
Michelle Tanner.
Valid or not valid, and why if it's not?

BJ **Budke, Jessica** 39:43
Those are also just for a year, right?

ML **McElroy, Lisa** 39:46
Yes.

BJ **Budke, Jessica** 39:48
So then no.

ML **McElroy, Lisa** 39:50
Yeah, pretend like this was the date that it was originally, but yeah, I I I didn't do this one.

BJ **Budke, Jessica** 39:53
OK.
Otherwise, I think other.
Yeah, otherwise it's fine.

ML **McElroy, Lisa** 40:00
Yes, great.
Perfect. That was the answer I was looking for.
Aside from the date, if it were today, yes, this would be valid, so thank you.
Also, I can't see who's talking.
So sorry, OK.
This is our next one.
This is a guardianship example for.
Nemo clownfish.
His parents, Marlon and Coral, gave guardianship to Phillip Sherman P Sherman, 42,
Wallaby Way, Sydney.

ML **McConnell, Auriana, LMSW** 40:37

OK, I might be wrong.
But I don't see like a head or anything like it.
It looks like anyone could.
Well, it is notarized, so maybe not. Never mind.

 **McElroy, Lisa** 40:50

OK, what are some other thoughts here?
Valid or not valid guardianship for Nemo?

 **Brobst, Cassidy, K LMSW** 40:57

I would say no.

 **Steiner, Shayla, M LMSW** 40:57

I would say no 'cause. It's not signed by the court or a judge.

 **McElroy, Lisa** 41:02

Good job.
Who was that like?
Nice job.
Go start, go start for you.
That's right, this.
Anyone could clearly just type this up because anyone did just type this up and I cannot designate guardianship for anyone.
It has to be done through the court, so yes, it is notarized, but it is not a guardianship.
This is more like a power of attorney than it would be a guardianship.
So good catch.
Sorry, P Sherman, you are not Nemo's the guardian.
Today. OK.
Here's another guardianship.
How about this one?
Valid or not valid for?
Jesse Kostopoulos was appointed the Guardian.
We should have had music cleaning the background while we made it, yeah.
Oh, Riley and O'Reilly both said valid. Yes, great. OK. Why is it valid?

What are the highlights you're looking for here?

Doesn't expire.

Good call out Riley.

And we have. OK, someone's going to say something.



Weston, Casey, D 42:24

I see.



McElroy, Lisa 42:28

Good, signed by a judge.

I'm seeing this.

This court stamp is on there.

It's an actual court document.

All of those things.

Good job everyone.

OK.

Those are all the examples I have for today. I know that was the most fun part of the presentation, so sorry.

All right. So let's talk about documentation.

This is actually my favorite part.

So you may remember about a year ago, per my last e-mail, we had a few updates to our legal information, social work note.

So I know this is probably a little bit small on your screen, but you will see I have put an Ed a red X over the other tabs of the legal like those second, third and 4th tabs.

The only ones that I left unixed are the first one.

And the last one because the last one is the interpreter information.

So for social work, you only need to fill out the first tab of this note.

And I know for some of you that's going to be very hard. Lisa MC elroy.

To not want to put in Word for word whatever document it is that you're reviewing in this note, but it is not necessary and is the duplication of your work. So.

The the I've got like comments happening over here to my side, so I'm sorry, a little distracted. The legal document's gonna be scanned in the chart and anyone accessing the chart can read that. So it doesn't need to be word for word for vatum reiterated within the.

Legal information note so you can use these check boxes.

You can always write clicking comment if you do need to put something in there, but really you just need to check box what is the legal document that you have reviewed. What are the highlights we need to know about and then have that scanned into the chart?

And.

Let me look here.

I'm looking at my notes so.

If this is a change in legal information from past visit, this is one of those notes that information's gonna pull forward to, so you need to be sure to delete.

Whatever was there before, if there's a change.

Then you need to send the legal documents to chart@cmh.edu.

And if it needs to be done today, like if this like a lot of times we see this with surgery, then you can also CC.

Ronnie and Sis lady. Her name Dan.

Yes, I said.

Her name right.

Sometimes I stumble over that. You can e-mail them as well and they're able to get that put in the chart more urgently than just emailing chart at cmh.edu, and we'll make sure you have those names.

So you can do that in the future.

As an additional.

Practice like best practice standard.

We would ask that you would hang on to that legal document, whether it's in the paper form or in your e-mail inbox, whatever that is, and verify that it actually does get loaded in the chart 'cause. Sometimes that doesn't happen, and that creates issues later on. So so.

What that looks like is in the past.

I have just a folder for legal documents that I keep locked in my desk and anytime I get one of these I just slide it in there and then periodically like once a month or every few weeks I go back through and review those medical records to see.

If they've been uploaded in there or not, and if they have, then I just take it and shred it at that time or delete it from my inbox or whatever. If you are not sure how to do that within your current workflow, please reach out to your leader.

To help problem solve that.

OK.

Any questions about that? I feel like the chat has been OK, so Ariana asked.
How long should it take for legal documents to be uploaded into chart by HIM or Adm but relief Aries?

She say yeah, it's it.

It's hard to know like it could be the next day or it could be a few weeks, which is why we want you to check back periodically to make sure that it gets in there and then if you have the copy of it, if someone needed to see.

It so a lot of times with the surgeons or anesthesia, they need to see that document. They're not going to just take our word for it.

So if you'll hang on to it, then we can e-mail it to them.

You know, scan it, send it to them if it's already loaded in the chart. We have a question from Alexis Andrews K.



Andrews, Alexis, M LSCSW, LCSW 47:11

So on this page.

So the reason why I normally go to like the other tabs is because on this page for like apoa or like a custody, there's nowhere to put like the name.

So like for POA.

Like who are they giving POA to?

There's nowhere to put the name of it.



McElroy, Lisa 47:28

Sure you can right click in those boxes and just insert that in.

Yep, so under authority details or under legal documentation on file you can right click in one of those and just hit the comment and put that on there. If you need to.



Brobst, Cassidy, K LMSW 47:47

I have put the names in the box under caregivers able to provide consent from legal documentation.

Typically is that OK?



McElroy, Lisa 48:00

I'm sorry. Will you say that again?



Brobst, Cassidy, K LMSW 48:03

Normally for like POA and stuff I put the name of the person like being able to provide consent in the caregivers able to provide consent from legal documentation box.

M **Maxwell, Catherine, E LMSW** 48:16
That's what I've done to Cassidy.

ML **McElroy, Lisa** 48:21
Why am I not seeing where that is?

Oh, I see. OK.

Sorry I was.

I was clearly not looking where.

Yes, that's a great idea too.

Thank you for that.

Were there other questions with that too, Michelle?

Tricia mentioned that change in custody notification emails pretty timely within a couple of hours, and also Nettie mentioned that Adm has been quick.

Yeah, I think Adm is pretty quick with changing things within the chart.

It's when they those records need to get uploaded that sometimes there's a significant delay.

OK.

Any additional comments or questions around those documents we reviewed and your documentation within the medical record?

OK, initiate next round of choreography and Michelle's gonna get back up here.

OK.

I I think if there was anything that you took from some of the slides I shared, it's just when in doubt you know, reach out to your colleagues, reach out to team leaders, supervisors, managers.

I know that on days that I'm not here.

At Adele Hall, the team might chat with Allison or with Lisa.

I think we're all comfortable reaching across teams and offering guidance.

One of our options, if we're not able to troubleshoot it and we need to phone a friend, is that we can escalate things to the office of the General Counsel if we need answers quickly, then we can call the their office assistant.

Get in touch with somebody pretty quickly about that, or if it's something that's

maybe not needed for several weeks, then we can submit that through that link that you see here on the on the slide. So.

We're always happy to collaborate and and then talk more about what our next steps might be.



Harse, Angela, G 50:22

Yeah, our response time shouldn't be weeks.

It should be a day or two, but if you need us quicker, just call.



McElroy, Lisa 50:28

Yeah, yeah, yeah.



Harse, Angela, G 50:30

That's the best way to get us, so yeah.



McElroy, Lisa 50:34

OK.

OK.

And then you will see these the following policies attached. If you'd like to take a look, see at those and for some some light reading.

But again, we would highly encourage you to link the consent for medical and surgical care policy onto your favorites.

Because that is something that routinely comes up.



Harse, Angela, G 50:59

It's hard to find that policy, too, so just make sure if you search for it, you don't just say consent it. I found it. If you say consent for medical.



McElroy, Lisa 51:05

Yes, OK.



Harse, Angela, G 51:09

You'll it'll be not on page 5.

It'll be at least on your first page.

ML **McElroy, Lisa** 51:13

Right. And and for those who haven't looked, if you're on the scope and across the search bar, there's a link to policy so that you can readily find it. And I agree, Angela, you do have to say a little bit more than consent for it to rise to.

The top so.

And now we appreciate that we've had these questions as we go along.

It makes lots of sense.

Do we have other questions that either we can try to answer or Angela can help us answer?

Yes, there are several community.

Ask can you speak to parents ability to consent to care for children, foster care and Kansas?

Oh, could you OK.

 **Harse, Angela, G** 52:00

Not that well.

ML **McElroy, Lisa** 52:01

Could you hear that?

 **Harse, Angela, G** 52:02

I was waiting for that one.

ML **McElroy, Lisa** 52:04

Yup. Yup.

 **Harse, Angela, G** 52:04

That's a loaded question.

So here's the current status. Since that was escalated to us, I have been in discussion with the lawyers for DCF.

We have a little bit different view of the law. Their perception is that when the child comes into their custody, that the parent, that that means they can consent to care.

Care. But the parents can continue to consent to care unless their rights have been terminated.

So.

That is so I think where we're going to land and I'm happy to send an e-mail once we have certainty on this, but we're fine with that.

But we want in writing from them that they are giving the parents the.

Decision medical decision making.

It can be an e-mail.

You know, whatever it is.

But I don't think it's fair for us to be.

We don't necessarily know everything that's going on with that family.

We don't know if it's a good week or bad week and or if DCF feels like they should consent or the parents should.

So I'd like it for from DCF in writing.

That they're comfortable with their parents consenting, and then we can accept the parents consent.

 **McElroy, Lisa** 53:26

OK.

That's that's really helpful.

 **Harse, Angela, G** 53:28

Yeah.

 **McElroy, Lisa** 53:29

We have another question from Melina.

Could the Family support fund be utilized for our patients in need of legal guardianship, but family cannot afford an attorney.

And she says, I know most of the time these are greater than \$500.

OK, we're going to call on Tricia for this question. If you could please.

 **Campbell, Tricia, J MSW, LCSW, LSCSW** 53:51

Sorry, I was actually gonna start typing in the chat.

 **McElroy, Lisa** 53:54

Oh, awesome.



Campbell, Tricia, J MSW, LCSW, LSCSW 53:55

One of my you know questions would go back to we have to exhaust three community resources prior to family support funds being utilized. And so I would be curious what families would not qualify for the medical legal partnership or other resources.

And so I'm curious about the frequency of this. And then I think this would be a good one if that situation arises that it be escalated to talk through before that family support fund is completed.

So I'm not gonna give you a full answer if that's OK, but definitely would be open to having a conversation if other community agencies weren't able to assist.



McElroy, Lisa 54:29

Could could you just let you?

I think one of the issues we run into a lot with these is that because we serve such a wide region that we have a lot of families that don't qualify for MLP because they don't live here, they live.

In western Kansas? Or, you know, somewhere else that they're not going to cover.

So I think that's been part of the issue is that their reach is so limited.

And there's not as many resources to help them.

Just a piggyback on that.



Campbell, Tricia, J MSW, LCSW, LSCSW 55:12

I would say let's have a conversation about that. What that means up.



McElroy, Lisa 55:17

We have a question from Elizabeth, this number one.



Harse, Angela, G 55:21

OK.



McElroy, Lisa 55:22

Oh, Elizabeth.



Davis, Elizabeth, MSW 55:25

Going back to the question with cluster care in Kansas.

So if the child goes into foster care like a medical foster home and they are being cared for by foster parents, do foster parents have the right to consent, or is that considered still biom? Or Dad is still giving consent?

You. You.

I'm just because the foster parents gonna be the one that's gonna be bringing them in for.



Harse, Angela, G 55:55

Yeah.



Davis, Elizabeth, MSW 55:57

Clinic visits and all that kind of stuff.

Just wondered if it's different.



Harse, Angela, G 55:58

Yeah. So usually when when a child becomes goes into a foster home, there's there is legal documentation that says that foster parents can consent.

So I think we're gonna end up, we end up in a situation where a lot of people can consent, which is great.

It's better than not having anybody.

So they can consent.

There are usually limitations on what foster parents can consent for, so.

Routine care.

They're allowed to more significant interventions. They're not.

And you can look to the consent policy for guidance on that.



McElroy, Lisa 56:34

Ariana, Ariana, I have a question.



Davis, Elizabeth, MSW 56:34

Thank you.



McConnell, Auriana, LMSW 56:39

Yes, quick question for you guys.

For patients that are in foster care.

And embrace facilitating foster care agencies like St.

Francis and behold, et cetera. Is it OK if we have in writing from Ember hope?

Hey, DCF wants us to have the following consent process like reach out to DCF first and then or excuse me reach out to parents 1st and then reach out to DCF and then reach out to Ember Hope.

Do I then get something in writing from DCF? Because that's who we need it from 'cause they their child is in legal custody of Kansas. Does that suffice or?



Harse, Angela, G 57:26

I hadn't.

I haven't honestly thought through that.

I mean, my preference would be yes, that that we're getting that direction directly from DCF.



McElroy, Lisa 57:29

Anything.



Harse, Angela, G 57:34

But if you get, you know, an official looking document that DCF has signed off on or something that that could work as well.



McConnell, Auriana, LMSW 57:44

So I need to get it directly from DCF then.



Harse, Angela, G 57:48

That that's my preference now and let me just say I think it's a little bit in flux because I'm still talking with their lawyers. So we may have, you know, better guidance on it but.



McConnell, Auriana, LMSW 57:50

OK.

Mm hmm.



Harse, Angela, G 58:01

Our my perception is that needs to come from DCF and not the agency.



McConnell, Auriana, LMSW 58:08

OK.

Thank you.



McElroy, Lisa 58:11

And maybe Michelle Lockard can weigh in on this.

Jennifer said that she has had families tell her that the kinship navigator could not get the legal part of the guardianship done for them and she was able to refer them to the medical legal partnership.

Can you please clarify what the Kinship navigator can and cannot do?



Lockard, Michelle 58:30

So Kanship navigator are usually.

So what?

How they work is they will.

They can't pay for the legal fees, but what they can do is they can pay for somebody's mortgage or rent and then that money be used to pay the attorney for the legal fees.

So that's like how their funding works is they can help with things that like offset and then then they would use it to do that. I know sometimes when they can't assist is when it.

It's gonna be contested and and going to take a lot of court and prep time and all of that 'cause it would build the build, be a lot as far as what they like.

I would.

I'm curious to know the situation when they said they couldn't do the legal part of guardianship because that's literally what they do and the experiences that I've had them is. I've worked probably a handful of cases that I've given to them over the years and that's what they.

Did was guardianship for those grandparents that didn't have any other way to do it and they just didn't have the extra money. So.



Stallbaumer Rouyer, Jennifer, S 59:39

Michelle, are we talking about the one that's out of foster adoption? Connect, foster care, OK.



Lockard, Michelle 59:44

Yeah. Well, through foster care stuff, yeah.



Stallbaumer Rouyer, Jennifer, S 59:45

Yeah, she, yeah, she said.

They took them as far as they could.

This was just a week or so ago. They took them as far as they could.

They couldn't pay for it, so I didn't know to maybe ask the question about, you know, shifting, shifting the cost, but the person just said at this point they couldn't do anything else from them.



Lockard, Michelle 59:55

Hmm.



Stallbaumer Rouyer, Jennifer, S 1:00:02

So I just said the MLP referral.

And hope that that was going to work out.

So you and I can talk later and get into the minutiae of it.



Lockard, Michelle 1:00:08

That's fine.

Yeah, just because there's. Yeah, 'cause, we just have to work through the specifics of that one.



Stallbaumer Rouyer, Jennifer, S 1:00:09

I was just curious. Yep.



Lockard, Michelle 1:00:14

But I mean, it's not every program isn't quite.

Perfect. So yeah, I just think there's limitations that are outside of people's control, but we can talk about that.

 **McElroy, Lisa** 1:00:28

I have another question that's come up.

I know that this has gone back and forth over the years, but do the powers of attorney need? If it's one that's written out or typed, need to specify that the person giving get that is being given the power of attorney can consent to both anesthesia and sur?

Medical care.

 **Harse, Angela, G** 1:00:52

No. So I think that used to be in our policy and and and was a bit of a note misnomer.

So I I tried to correct that the last time we revised the policy, as long as it says that they can consent to medical care, health care, something like that, that is a global description for medical that that's sufficient.

 **McElroy, Lisa** 1:01:06

Please. OK, OK.

 **Harse, Angela, G** 1:01:15

It doesn't need to specifically say surgery or in anesthesia.

 **McElroy, Lisa** 1:01:20

OK. And I think some of that will just be some more education.

We'll need to provide to some of our colleagues in in the surgical areas 'cause, I think that's that comes up from time to time, OK.

 **Harse, Angela, G** 1:01:31

That's probably fair. Yeah, I did.

I did do a training with them with their nursing staff a while back, but so yeah.

 **McElroy, Lisa** 1:01:42

OK, Sheila has your hand up?



Harse, Angela, G 1:01:44

Is that could be either.



McElroy, Lisa 1:01:45

Oh, shayla. You have a question?



Steiner, Shayla, M LMSW 1:01:50

Yeah, I had a question.

So about like international poas.

Do they have the same time limit?

So like I've had one from like Guatemala that I had to have translated and stuff like that is the same across the board like one year POA, even with it being like international.



Harse, Angela, G 1:02:12

So typically we would say it depends on the state where the POA was created.

So I think with international ones, I'm not necessarily gonna know that.

Law.

Probably we should.

If if the translation tells us something different, like it lasts for longer than I think we could accept that. If it's not, if it doesn't specify, I think we should impose the one year.



McElroy, Lisa 1:02:45

OK.



Harse, Angela, G 1:02:45

Or you guys can escalate to us and work through it at the time.



McElroy, Lisa 1:02:50

OK.

I know Alexis, you had a question, but I'm not sure what it was in reference to.

So maybe if you can ask children at state care, DCF is that. Oh.



Andrews, Alexis, M LSCSW, LCSW 1:03:00

No, it's in reference to the like overall General Medical in the POA.
So does that include, like DNR and DNIS, for poas?



Harse, Angela, G 1:03:17

Sorry, what's the question?



Andrews, Alexis, M LSCSW, LCSW 1:03:19

Can poas make DNR and DNA decisions?



Harse, Angela, G 1:03:22

Yeah. Yeah, they can.



Andrews, Alexis, M LSCSW, LCSW 1:03:25

OK.



McElroy, Lisa 1:03:29

Sara Lee asked if Apoa has to specify mental health care. She thought that would be included in mental in the medical portion of things that she wanted to ask for clarification.



Harse, Angela, G 1:03:40

Yes, it's. It's included within medical you. So it doesn't need a specifically say.



McElroy, Lisa 1:03:45

OK.

Great. And then we have a question from Madison. If someone comes into clinic and says the parent is now deceased, would next steps be to do a caregiver affidavit, then a Kansas legal services referral and then the second part is also if a notary is not available to?

Check in can they still be seen?

I I would say that they should do a relative caregiver affidavit in the state of Missouri. And then the Kais and then the KLS referral.

But Allison, can you weigh in as to whether there are noteries at Broadway at all

times?

Well, I don't know if they're there at all times, but Tina is the notary there and she does work Monday through Friday, but that doesn't account for if she takes anything off and there should be others.

There as well.

But OK.

I mean, it might be worth clarifying if the notary's not available, do they still check in? Do they see? OK. The answer though, Angela.

Were you able to hear, like, if the notary is unavailable at Broadway, if they should still continue to check them in?



Harse, Angela, G 1:04:55

Yeah. So there used to be in COVID and I just don't know if this is still in existence. They they created virtual notary process so I don't know if then and in that situation if a notary out one of our other locations could help notarize it virtually. I think we should explore that as as an alternative, if that is, you know not there, I mean.



ML McElroy, Lisa 1:05:24

No, that's a great, actually. We talked about that. Well, one of them are like writing this down as we speak. So we're gonna look into this a little bit more 'cause. I feel like that opens the opportunity for a lot of our locations if we have that virtual option for notaries.



Harse, Angela, G 1:05:37

OK.



ML McElroy, Lisa 1:05:43

So we will look into that further and if that is something that we can do, then we will send out what that process is. Maybe Tricia, that's another opportunity for a standard work.



Harse, Angela, G 1:05:43

Yeah.

OK.

Yeah, yeah.

 **McElroy, Lisa** 1:05:58

I hope she's laughing.

 **Campbell, Tricia, J MSW, LCSW, LSCSW** 1:06:00

I am laughing.

 **McElroy, Lisa** 1:06:04

Oh, and let's see.

Any other questions, Allison?

 **Harse, Angela, G** 1:06:09

Yeah. And let me think through.

I'm just reading the chat.

Let let me just take as a follow up for legal on the Kansas DCF issue because I see you guys saying it's hard to get in touch with DCF.

 **McElroy, Lisa** 1:06:21

Yes.

 **Harse, Angela, G** 1:06:21

So I'll I'll probably communicate that to them, but typically what I've seen is there's the documentation giving the child to the agency. And then so I think if we had that.

 **McElroy, Lisa** 1:06:24

OK.

 **Harse, Angela, G** 1:06:34

Then maybe the agency's direction on consent could be sufficient.

So let let me just think through it a little bit more and we'll get back to you guys.

 **McElroy, Lisa** 1:06:44

OK.



Harse, Angela, G 1:06:45

I don't want.

I don't want you to have to be chasing them down if they're super unresponsive.



McElroy, Lisa 1:06:46

Mr. madh.

Sure. So Madison had a follow up.

So with her question as it related to a deceased parent, would it be at the provider's discretion to still see the patient if we can't reach a notary?



Harse, Angela, G 1:07:04

Yes.



McElroy, Lisa 1:07:05

OK.

Yeah, definitely not social workers determination so.

Yeah. We appreciate the participation. This has been fantastic. And also having Angela here to help with these questions because it's they're tricky at times.

We do have time for a few more questions.

OK, nobody's hands off, and I don't see anything else in the chat.

We really appreciate everybody's.

Like I said, we appreciate your participation.

Oh, OK. Tricia coming in at the 11th hour. It's all yours, Trisha.



Campbell, Tricia, J MSW, LCSW, LSCSW 1:07:53

Stop.

This is, you know, just balancing out like a moral and ethical kind of conundrum. In addition to Alexis question about the DNRD and I, while the power of attorney has the authority to to consent to a DNR or D NI if we know.

About the care, the parents whereabouts and ability to engage them in that decision making from my social work lens, I feel like it's our moral and ethical responsibility to do that because their rights are still intact.

Angela, do you have any, like other thoughts on that?



Harse, Angela, G 1:08:29

Yes, I know.

I I completely agree.

Trisha, I think that's a good call out.

We and we've had that come up or where we know there's a disagreement between the individual who has power of attorney and the parent.

I'm really not comfortable.



Campbell, Tricia, J MSW, LCSW, LSCSW 1:08:48

And I think the other question that I'm surprised has not made it.

Up is both parents have.

Custody of the patient and.

Mom wants the kids seen in an XYZ clinic.

Dad does not.

These often times get escalated to us as well.

I don't know if anyone else has experienced that, but thoughts on that from your perspective, Angela, why?



Harse, Angela, G 1:09:18

Yeah. So what?

What we advise on that?

We only need the consent of one individual for medical care.

So that gives us power to continue to see the patient if we if we need to. And and sometimes it's again kind of ethical like what's in the best interest. But the other parent should always be advised.

I mean, they can escalate through the court process and usually they've already done that for 15 other issues between the two of them.

And so if it's possible for us to space out that care like we don't need to do it tomorrow, we could actually wait three weeks.

That's the better course is to to push it off and see if they get direction from a judge or family mediator on that particular issue.



McElroy, Lisa 1:10:12

Kristen has some hand Cristina.

CL **Coots, Christina, LMSW** 1:10:17

OK.

So this question actually just came up in a phone call page to social work.

We have a patient who is in the clinic.

ML **McElroy, Lisa** 1:10:23

Perfect.

CL **Coots, Christina, LMSW** 1:10:26

They are 18 years old.

They are not of sound mind, according to clinic staff.

Parents are with them.

They don't have legal guardianship, so clinics.

Not sure.

One who can consent, but two.

ML **McElroy, Lisa** 1:10:41

No problem.

CL **Coots, Christina, LMSW** 1:10:42

They were wondering that the provider may be willing to see the patient, but wants to know if she's gonna get in trouble for seeing a patient. If no one can consent.

ML **McElroy, Lisa** 1:10:54

Well, and I'm gonna to respond to this because I have a fairly decent idea of where this is coming from.

And what I would say is we are not their legal counsel, meaning we as social workers are not offering legal advice. And so I have asked them to escalate those specific questions to their own leader.

CL **Coots, Christina, LMSW** 1:11:15

OK.

ML **McElroy, Lisa** 1:11:16

But I would love to hear Angela's like next part because we struggle with this.

 **Harse, Angela, G** 1:11:20

Yeah, I think it depends on what.

What they're defining in their own mind as get in trouble. Are you gonna get in trouble by children's mercy? No.

Are you potentially gonna get sued? Yes.

Are you?

Could you potentially be charged with a crime?

Yes it what is the risk of that to you?

It you know, it depends on how well you know the patient, the family, the the people in front of you. If it's the same parents and they've taken care of that child from day one, and that child's come from to children's mercy from day one and.

Now they're 18 and six months.

I mean, you know, and they've seen you for 10 years.

The likelihood that's going to happen is very low and they can decide to take the risk.

It's it's really their personal decision.

Their you know.

There's no legal right or wrong and it's just Gray like I like I explained before.

ML **McElroy, Lisa** 1:12:19

Mm hmm.

 **Harse, Angela, G** 1:12:21

And there we have insurance coverage. So in in that situation, I mean if there is a lawsuit, we're going to defend them.


We're not going to say no.


You were.


It's not like they were practicing outside of the scope of their license or something like that.


CL **Coots, Christina, LMSW** 1:12:36


OK. Umm I will probably advise them maybe to check with their supervisor then, but let them know the Gray area.

 **Harse, Angela, G** 1:12:42
Yep, Yep, Yep.


 **McElroy, Lisa** 1:12:45
Yeah.


 **Coots, Christina, LMSW** 1:12:46
OK.
Thank you.

 **McElroy, Lisa** 1:12:52
Ariana, OK, Ariana.

 **McConnell, Auriana, LMSW** 1:12:55
OK.
Just one more question.
So I correct me if I'm wrong. I heard you guys say we need one parent to consent, right?


 **Harse, Angela, G** 1:13:05
Yes.

 **McElroy, Lisa** 1:13:06
Yes.

 **McConnell, Auriana, LMSW** 1:13:06
So but I'm getting instructions.
This is regarding the same case, by the way.
I'm getting instructions from the foster agency that they have gotten instructions from DCF that we need both mom and dad to consent before.


ML McElroy, Lisa 1:13:22
No.

ML McConnell, Auriana, LMSW 1:13:24
Or excuse me, we need to attempt to reach both mom and dad.
Get a consent, but the issue is there's like ADV issue going on.
So I could just hasn't happened yet.
But I can just see how that can go left if Dad is saying no, I wanna do this. And Mom is saying Nope. I wanna do that.
I guess it kind of all goes back to to DCF, right?

 **Harse, Angela, G** 1:13:48
Yeah.

ML McElroy, Lisa 1:13:49
Well, and I would love to hear Angela as to whether or not like they can dictate to us what how we proceed at our organization.

ML McConnell, Auriana, LMSW 1:13:49
Or.

 **Harse, Angela, G** 1:13:58
Yeah, that's. I mean, that's really unfortunate.
I I sort of feel like they're again I'm. I'm in discussion with their legal counsel and I think we need to get an understanding. And I I honestly I would just say you guys should escalate those to us also for awareness.
I'm happy to get involved and talk with their lawyers.
My perspective is the law, says one parent.
And so we don't. If they're telling us we have to get.
Reach both.
We don't.
That's not our obligation.
That's their obligation.

ML **McElroy, Lisa** 1:14:29

Yeah.

 **Harse, Angela, G** 1:14:29

They should be the ones calling the parents.

ML **McConnell, Auriana, LMSW** 1:14:32

OK.

 **Harse, Angela, G** 1:14:33

And then I see Anna's question in the chat. So.

This is.

I think it's articulate.

There is a guardianship policy to I noticed that wasn't linked.

But guardianship is different in Kansas.

So in Missouri, they expire automatically if there was a minor who had a guardian, it expires when they turn 18, and that family or whoever was the Guardian, needs to go back to court and get a new guardianship.

In Kansas, they can extend. So if it says it's for care, I forget the wording of an impaired minor.

Those automatically extend into an adult, and so they don't have to go back and get a new guardianship.

ML **McElroy, Lisa** 1:15:24

Will that be in the policy at all, Angela, or is that just something that we need to make note of?

 **Harse, Angela, G** 1:15:30

No, I do.

I think it's in policy, but I will.

I'll double check.

I think where I think it maybe is is in the guardianship policy itself or in the definitions and the consent policy.

But I'll double check and I'll put a note to myself to make sure it's in the consent policy for next time.

ML McElroy, Lisa 1:15:45

OK.

Perfect. I see a question from Patty, she said.

This has come up in mental health.

Is it the same as medical care?

Which I believe that you said. Yes, it is Angela.

So she's asking if we refer the non consenting parent to court and still see the patient in the meantime.

I mean, I don't know that we want to be offering legal advice, but I will wait on your response, Angela.

 **Harse, Angela, G** 1:16:15

Yeah.

So, right, you don't necessarily need to offer legal advice.

But what you can say is the law allows us to see a patient with a consent of one parent. You know you have the ability to to discuss this amongst yourselves and come to an agreement or amongst your lawyers.

ML McElroy, Lisa 1:16:28

OK.

Yes.

 **Harse, Angela, G** 1:16:38


And approach it that way. We have had I'm with with mental health care. I know some of our and honestly it's up to their. It's up to the providers in their comfort level.

They certainly can see the child if one parent is is wanting it.

Umm, I know not all of them are comfortable with that.

So you can build in again the delay of just.

Let's see if somebody goes to court and escalates this before we actually see the child.

 **McElroy, Lisa** 1:16:59
Standard work.

 **Davis, Patricia, A** 1:17:05
OK.

Thank you. It is.

It is more common when it's a family therapy case and the parents are splitting up or going through divorce proceedings, and there's just a lot of hostility.

So I appreciate knowing the legality that one parent, only one parent needs to consent.


 **Harse, Angela, G** 1:17:15
Yes.

 **Davis, Patricia, A** 1:17:20
But then there becomes a lot of other stuff.

So you're right not to give legal advice, but in other words, to say it's beyond what we can do.

 **Harse, Angela, G** 1:17:23
Yeah.


Yep, Yep.

 **Davis, Patricia, A** 1:17:30
Thank you.

 **McElroy, Lisa** 1:17:35
Is there anything else, Allison?

OK.

Anybody else? Great discussion, everyone.

 **Harse, Angela, G** 1:17:48
I know I was gonna switch gears real quick just because I have your ears.

ML **McElroy, Lisa** 1:17:49

Thanks for all the questions.

 **Harse, Angela, G** 1:17:55

We sent an S bar on Monday about.

Our continue or discontinuation of gender affirming care.

For minors, because of the Kansas law change.

There's been a lot of questions.

There is language in the Kansas law that says healthcare providers are not to promote.

Social transitioning and and they use as an example of social transitioning. Use of preferred pronouns.

That limitation on promotion or advocacy for social transitioning is only on state property.

So it does not apply at Children's mercy.

It doesn't apply to our records, our care. You know, our interactions with patients.

It's really just if we're I know we would and I'm talking with our a group that is the social worker is embedded in the schools.

It's just there that that limitation applies.

So I just wanted to clarify that 'cause, we've had a bunch of questions about it.

ML **McElroy, Lisa** 1:19:00

Yeah. Thank you for bringing that up, Angela.

I and I don't mean to beat a dead horse here, but just to be clear, like we still can call them by their pronouns, we can call them by their their name.

 **Harse, Angela, G** 1:19:14

Yes.

ML **McElroy, Lisa** 1:19:14

You can.

We can document that and and just. Also to clarify, I've gotten this question a couple of times in the last few days.



Harse, Angela, G 1:19:16

Yes.



ML McElroy, Lisa 1:19:23

That we will continue to have their pronouns and their names listed in the medical records.

We won't discontinue that.



Harse, Angela, G 1:19:28

Yes.



ML McElroy, Lisa 1:19:30

Thank you so much. OK.



Harse, Angela, G 1:19:31

Correct, yes.

And where? I'll just say we're, you know, we're monitoring laws.

So if something changes at a federal or state level on that, we'll certainly let you all know, but.

It's were it's and even that's true even for our Kansas locations.

You can use their pronouns.

You can document them, it's just if you're on state property that the restriction applies so.

That's, you know, just sometimes laws are written in strange ways.

But that's how they decided to to divide that up. So.



ML McElroy, Lisa 1:20:08

OK.

Any other questions as it relates to our GPS patients and how we interact with them moving forward?

Thanks everyone for joining us today.

Happy social work month.



Cuevas-Montagne, Aleana, E LMSW 1:20:27

Try with Brussels.



Harse, Angela, G 1:20:30

Thanks.



Cuevas-Montagne, Aleana, E LMSW 1:20:30

Thank you.



ML McElroy, Lisa 1:20:31

Thanks Angela so much.



Harse, Angela, G 1:20:33

All, of course, my pleasure.

● **Murphy, Allison, D** stopped transcription