



<p>Team Name: Mental Health/Primary Health Care</p> <p>Team Lead: Regional Director-Mental Health & Spiritual Care/Regional Director-Primary Health Care</p> <p>Approved by: Executive Director-West</p>	<p>Reference Number: CLI.4110.PL.020</p> <p>Program Area: Across Care Areas</p> <p>Policy Section: General</p>
<p>Issue Date: March 20, 2020</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Public Guardian and Trustee of Manitoba Committeeship</p>

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POLICY SUBJECT:

Public Guardian and Trustee of Manitoba Committeeship

PURPOSE:

To outline individual roles, expectations, implications and limitations of an Order of Committeeship pursuant to the *Mental Health Act* and to provide a greater understanding in supporting the client’s wellbeing; given the client has been deemed mentally incompetent to manage personal care and/or property.

In compliance with the Brian Sinclair inquest recommendation #1, this policy provides a standardized process for communicating that a client is under a Committeeship of the Public Guardian and Trustee of Manitoba (PGT) to all service providers who are actively involved in that client’s care, including primary care providers and fee for service physicians.

BOARD POLICY REFERENCE:

Executive Limitation (EL-01) Global Executive Restraint and Risk Management
 Executive Limitation (EL-02) Treatment of Clients

POLICY:

1. Health Care providers and staff identify and flag a client’s Committeeship status as they present and register for services.
2. The Committeeship status of a client who is under a Committee of the PGT is communicated to primary care providers, fee for service physicians and service providers

who are actively involved in that person's care for the purposes of shared responsibility in supporting safe client care, given the client's vulnerability.

3. A client subject to an Order of Committeeship is entitled to be informed and involved in care planning, treatment options and provide input in decision making while considering the client's independence, abilities, wishes and culture.
4. Health Care Providers and staff work collaboratively with the client, family, caregivers and their natural supports to develop a care plan that reflects the client's wishes and provides for appropriate care.
5. Delegated Case Managers, Health Care Providers and staff manage the client's needs, provide care and supervision, including communicating Committeeship status and consulting the PGT as required, as outlined within the following procedures, roles and responsibilities.

DEFINITIONS:

Adult Services Administrator: Employees of PGT who administer and oversee the personal and financial affairs of individuals with an Order of Committeeship.

Annual Review: Following the delegation of responsibilities, the PGT requires an annual update that reflects the current care plan; indicates all necessary changes, if any, with the care plan to best meet the needs of the client.

Care Plan: The template that outlines the required information to reflect the individual's care needs and how those needs are met by the health care team.

Caregiver: A person who is providing care because of a prior relationship with a client. A Caregiver may be a biological family member or from the client's formal or informal support network.

Case Management: For the purpose of this policy, is a collaborative process that assesses, plans implements, coordinates, monitors and evaluates the options and services required to best meet the client's needs. Case management facilitates the achievement of the client's wellness and autonomy through advocacy, assessment, planning, evaluation, communication, education, resource management and service facilitation. Based on the needs and values of the client and in collaboration with all health and service providers, family, caregivers and natural supports, a Delegated Case Manager links clients with appropriate providers and resources, while ensuring that the care provided is safe, effective, person-centered, timely, efficient and equitable.

Certificate of Incapacity (Form 21): Must be signed by a doctor to indicate that a person is not capable of managing their affairs and therefore requires another person (Committee) to manage specific aspects of the person's affairs that they are incapable of managing.

Client: For the purpose of this policy, the term client is used to describe a patient in a hospital, a resident of a personal care home, a client of a primary care provider, a client of a fee for service physician or a client living in the community who is being provided services by Southern Health-

Santé Sud staff (SH-SS). It also includes clients under the care of affiliate agencies that receive funding through SH-SS or an external partner.

Committee: An individual, including the PGT, appointed by The Court of Queen's Bench or through the provisions of the *Mental Health Act* to make decisions for a client who has been found to be mentally incapable of making personal care, financial or property decisions.

Community Mental Health Program Administrative Assistant: A position held by a SH-SS employee, as Administrative Assistant to the Regional Director-Mental Health & Spiritual Care. This role provides the point of contact with the PGT office and Adult Services Administrator and supports PGT processes on behalf of the organization and the Regional Director-Mental Health & Spiritual Care.

Delegation of Authority: The PGT may, in writing, authorize an employee or class of employees of a government department, government agency or regional health authority or any person that the PGT considers to be appropriate as a Delegated Case Manager, to be responsible to perform or carry out any function that is delegated. Delegated functions may be specified either generally or specifically in the Order of Committeeship, delineating what the Delegated Case Manager is authorized to perform or carry out under *The Public Guardian and Trustee Act*.

Delegated Case Manager: The person assigned in the delegation of authority responsible to perform and carry out any function that may be specified either generally or specifically in the Order of Committeeship, which includes providing supervision and case management. A Delegated Case Manager within SH-SS is most commonly a staff member within a program or site such as the Community Mental Health Program, Home Care, Social Worker or Manager within a Personal Care Home.

Family: A spouse, common-law partner, child, stepchild, parent, stepparent, sibling, stepsibling, half-brother, half-sister, grandparent, aunt, uncle, niece, nephew, cousin, guardian and includes a spouse or common-law partner of any of those persons.

Health Care Provider: For the purpose of this policy a Health Care Provider includes SH-SS regulated and unregulated staff, fee for service physicians, all individuals and service providers (for example a dentist) who provide direct or indirect care as a result of their position and role in the client's care.

Information Transfer: Communication at care transitions of pertinent information relevant to the care of the client to assist the receiving provider to immediately identify and prioritize ongoing client care needs and monitoring requirements. For the purposes of this policy, emphasis is also placed on communicating Committeeship Status, flagging the client health record, client vulnerabilities and specific needs.

Letter of Delegation: The document by which the PGT delegates certain responsibilities, functions and authority to a Delegated Case Manager.

Manitoba Director of Psychiatric Services: The individual responsible for the legislated functions related to the *Mental Health Act*, including administering the *Mental Health Act*;

administering the Orders of Committeeship Program; issuing Authorizations of Transfer of Patients between psychiatric facilities; and promoting proper interpretation and application of the *Mental Health Act*.

Order of Committeeship (Form 22): The legal document appointing an individual, including the PGT, as the Committee by the Manitoba Director of Psychiatric services where the client is incapable of managing their personal care and property. A client is incapable of managing their personal care and/or property if they are repeatedly or continuously unable, due to mental incapacity to:

- care for themselves;
- make reasonable decisions about matters relating to their personal care and/or property;
- or
- appreciate the reasonably foreseeable consequences of a decision or lack of decision.

Public Guardian and Trustee of Manitoba (PGT): A provincial government agency that manages and protects the affairs of Manitobans who are unable to do so themselves and have no one else willing or able to act on their behalf. This includes mentally incompetent and vulnerable individuals.

Natural Supports: For the purposes of this policy, natural supports are personal associations, relationships and networks developed by a client in the community and as identified by the client, who are not compensated and enhance the quality and security of the client's life. Natural Supports can extend beyond formal family to include a neighbor, friend or specific community group.

PROCEDURE:

1. Order of Committeeship:

Within the *Mental Health Act*, the Manitoba Director of Psychiatric Services is authorized to issue an Order of Committeeship for any person assessed by a Manitoba physician to be mentally incompetent to manage their personal care and/or property. An Order of Committeeship can appoint the PGT as Committee of the person's personal care and/or property. There is no end date for an Order of Committeeship. It continues until the incapable person dies; is declared capable of managing their personal care and/or property or another person is appointed as Committee in place of the PGT. When the PGT is Committee for personal care and/or property of a person pursuant to the *Mental Health Act*, the PGT can delegate some or all of its authority in respect to the personal care of a person as per section 20 of the *Public Guardian and Trustee Act*.

2. Appointment of the PGT:

The *Mental Health Act* states that the PGT can be appointed as Committee for a person who has been found incapable of managing their personal care and/or property. The PGT is appointed Committee only as a last resort in situations where a mentally incompetent adult needs help but has no family, friends or a private trustee who can or is willing to act on their behalf. The usual steps are:

- 2.1. A member of the health team identifies that the client is incapable of managing their affairs and engages a physician in examining the patient, and signing a certificate (Form

21-Certificate of Incapacity) stating this. A social history is documented by a member of the health team.

- 2.2. The physician's certificate (Form 21 – Certificate of Incapacity) and a social history are sent to the Manitoba Director of Psychiatric Services by a member of the health team.
- 2.3. If the Director determines the person meets the criteria for PGT, a written notice of the intention to issue an Order of Committeeship (Form 22) is sent to the person, their proxy (if any) and the person's nearest relative.
- 2.4. Once the individuals noted in 2.3 have received notice, they have seven days to advise the Director, in writing, of any objections they have to the order. They can meet with the Director to discuss their objections.
- 2.5. After considering the objections, the Director makes a final decision on the order. If issued, this order automatically appoints the PGT as Committee of that person's care and/or property.
- 2.6. Once an Order of Committeeship (Form 22) is received by the PGT, the Adult Services Administrator takes responsibility for the client's personal and/or financial affairs according to the scope of the order.

3. Assignment and Notification of Delegated Case Manager:

- The PGT notifies the Community Mental Health Program Administrative Assistant through a Letter of Delegation that a client is subject to an Order of Committeeship and Delegated Case Manager.
- All Letters of Delegation received are considered urgent due to the vulnerability of the client and supervision and Case Management required.

4. Roles and Responsibilities within SH-SS:

The roles and responsibilities are divided into the following sections:

- A. Community Mental Health Program Administrative Assistant
- B. Delegated Case Manager
- C. Registration/First Contact Personnel
- D. Health Care Providers

A. Responsibilities of the Community Mental Health Program Administrative Assistant:

- Upon receipt of the Letter of Delegation and scope of the Order as applicable, from the PGT:
 - Acknowledges receipt of information to the Adult Services Administrator,
 - Determines the applicable SH-SS site, program or external partner organization for which the client receives services.
- Consults the manager for the site or program and identifies the most appropriate individual to be the Delegated Case Manager assigned to the client. For example, in a Personal Care Home, it may be the social worker or Manager and within Home Care, it may be a Home Care Case Coordinator.
- Consults the Regional Director – Mental Health & Spiritual Care should an applicable SH-SS site, program or external partner agency cannot be readily identified for the Delegated Case Manager.

- If a Delegated Case Manager cannot be identified or if an alternate agency is more appropriate for assignment of Delegated Case Manager and Case Management, returns the letter with rationale and a request to re-delegate to such agency.
- Notifies the Adult Services Administrator of any relevant information as received by the Delegated Case Manager or Health Care Provider as outlined within the following procedures, roles and responsibilities.

Communication of Committeeship:

The Administrative Assistant:

- Sends a Notification of Letter of Delegation for the Public Guardian and Trustee of Manitoba Client (CLI.4110.PL.020.SD.01), delegation documents and copy of the Committeeship Order to the Delegated Case Manager informing them of the Order of Committeeship and their responsibilities.
- Forwards contact information of the Delegated Case Manager to the Adult Services Administrator for the PGT.
- Maintains a current master database of clients under an Order of Committeeship through the PGT, including the name and contact information for the Delegated Case Manager.
- Is copied on the request to the Delegated Case Manager to complete the Care Plan/Annual Review for Clients of the Public Guardian and Trustee as Committee (CLI.4110.PL.020.FORM.02).
- Ensures that the completed Care Plan/Annual Review has been sent to the PGT Adult Services Administrator by the Delegated Case Manager.
- Establishes an alternate means for SH-SS to receive Letters of Delegation sent by PGT during periods of an absence of work extending beyond 10 consecutive business days.

B. Responsibilities of the Delegated Case Manager:

- Responsible for the care, supervision and Case Management of the client's Order of Committeeship as delegated by the PGT through the Delegation of Authority and Letter of Delegation.
- Responsible to undertake every possible effort to engage the client in a service relationship to fulfill the Delegated Case Manager responsibilities.
- When unable to establish initial contact with the client, communicates with an alternate service or program who does have regular contact to consider proposing an alternate Delegated Case Manager within SH-SS and advises the Community Mental Health Program Administrative Assistant of the more appropriate delegation. If a more appropriate delegation is identified outside of SH-SS services or programs, the Community Mental Health Program Administrative Assistant is notified to contact the Office of Public Trustee of the more appropriate delegation.
- Ensures regular contact with the client, at minimum every 3 months and more frequently as client needs and service goals are met.
- Advocates for client needs, taking into account the complexities involved within the health system and the risks inherent for the client having been assessed as mentally incompetent.

- Facilitates client involvement in care planning and uses a collaborative approach between primary care providers (including fee for service physicians and all health care and service providers involved in providing care to the client) while promoting independent decision making of the client whenever possible and feasible within the Order of Committeeship, in regular assessments, care planning and evaluations.
- Maintains regular communication with the client and involves the client's family, caregiver or natural supports in care planning, any changes and decision making as appropriate, according to the clients wishes, SH-SS policies and procedures, the *Personal Health Information Act* and the *Mental Health Act*.
- Works with members of the health care team to address the client's personal needs.
- Determines an appropriate place for the client to reside, both temporarily and long term.
- Identifies services required to support the client with day-to-day needs and leisure activities (examples include medication management, access to congregate meals).
- Coordinates assistance with transportation to appointments and any further supports as required, including someone to accompany the client to appointments and facilitate information transfer as needed.
- Maintains responsibility for the management of the client's Order of Committeeship until the client moves permanently, a more appropriate delegation is identified given new services received by the client or is deceased, at which time these circumstances are communicated to PGT by the Community Mental Health Program Administrative Assistant.
- Using the format provided by the PGT, completes and returns a care plan within 60 days of delegation and an annual update.
- Notifies the Mental Health Administrative Assistant of any changes in the assignment of Delegated Case Manager required such as a change in primary program service or transfer to another facility or personal care home.
- Notifies Mental Health Administrative Assistant of death of client.
- Delegation of Authority is limited and does not include PGT Adult Services Administrator non-delegated responsibilities and authority as outlined in section 7 – Responsibilities of the Adult Services Administrator (PGT).
- Engages with the PGT Adult Services Administrator on a regular basis to ensure a clear understanding of each other's respective roles and responsibilities as it applies to each individual client and Order of Committeeship. Relevant details are documented in the client's care plan to inform all Health Care Providers of these relevant roles and responsibilities and decision-making authority.
- Consults the assigned PGT Adult Services Administrator as required for further care planning and decision making as outlined within PGT Adult Services Administrator responsibilities and non-delegated authority (examples include financial needs and expenditures, advanced care planning and goals of care).
- The relationship between the PGT Adult Services Administrator is open and ongoing, collaborative and cooperative with the goal of meeting the client's needs and wishes.

- Reports any disagreement, dispute or controversy to the Delegated Case Manager's supervisor to manage resolution with the PGT Adult Services Administrator and issues are escalated within SH-SS accordingly and as required.

Communication of Committeeship:

- The Delegated Case Manager flags the client health record to highlight Committeeship status according to the site or program area documentation procedures and as required by this policy. Preference is given to flagging electronic client health records when such exist within the specific site or program area.
- Flagging a client health record includes:
 - Noting that the address of the client under the PGT is changed to 155 Carlton, Winnipeg, MB, on the client's MB Health card by the PGT Office as a further flag and indication to health care providers that this client is under the PGT.
 - Completing and communicating the client's contact information and section within the client's health record, kardex and care plan, noting PGT Committeeship status, along with any proxy, nearest relative and primary contact. See Advance Care Planning-Goals of Care policy (CLI.5910.PL.008).
 - Documenting within the client health record, kardex and care plan the PGT status, name and contact information of the assigned Delegated Case Manager and PGT Adult Services Administrator.
 - Documenting within the client health record, kardex and care plan to support safe care any client specific care requirements such as the need for accompaniment to appointments to facilitate information transfer or other required care needs.
- Keeps a copy of the order if provided and the letter of delegation within the client's health record.
- Documents the scope of the order in the client health record and documents relevant details regarding the court order and any limits within the client's kardex and care plan as applicable.
- Communicates the PGT Committeeship status of a client to all health care providers including fee for service physicians at any point of transition or transfer of care as per policy Information Transfer at Care Transition (CLI.4110.PL.010) or the Information Transfer at Care Transitions-Interfacility Transfers (CLI.4110.PL.007) and Manitoba Information Transfer Referral Form (CLI.4110.PL.007.FORM.01). This includes emphasizing Committeeship status, specific details of the court order and any limits of same, client vulnerabilities; care needs to support safe care and the contact name and number for the PGT Adult Services Administrator and Delegated Case Manager.

Reporting matters to the PGT Adult Services Administrator for the Committee:

- The following matters are reported as soon as reasonably possible during regular business hours:
 - Inability to establish or maintain a service relationship with the client and the associated delegated responsibilities,
 - Any critical incident involving the client,

- Hospitalization of a client,
- Death of a client,
- Death of a client's family member or natural support where the loss will have emotional or other impact to the client,
- Move of a client from one residence to another including change of region using Public Guardian and Trustee of Manitoba Client Transfer Notice (CLI.4110.PL.020.FORM.01), while also informing the Community Mental Health Program Administrative Assistant,
- Any legal claim to which the client may be entitled,
- If the client is charged with an offence or
- Situations where there are interruptions in the service care plan provided to the client living in the community such as when services are unavailable or on hold, including Home Care services and medication management.

C. Responsibilities of Registration/First Contact Personnel:

Communication of Committeeship:

Flagging the client's health record of PGT Committeeship status. Preference is given to flagging electronic client health records of PGT status when such exist within the specific program area.

- Flagging a client health record includes:
 - Enter clients address as indicated on the MB Health Card *PGT 155 Carlton, Winnipeg, MB.* (Noting that the address of the client under the PGT is changed to PGT 155 Carlton, Winnipeg, MB, on the client's MB Health card by the PGT Office as a further flag and indication to health care providers that this client is under the PGT.)
 - Collect and enter the name and contact information of the Adult Services Administrator for the PGT and Delegated Case Manager when available. Select/document public trustee as a contact type/relationship)
- Proxy, Primary contact, nearest relative or natural supports are also noted within client contact information.

D. Responsibilities of Health Care Providers:

- Given the vulnerability of the client and need for safe care as an extension of shared responsibility, some of the outlined responsibilities of Health Care Providers are duplicate of the assigned Delegated Case Manager. This is in recognition of the many health care and service providers that may be directly involved in the client's care and the many transitions between care providers and sites for which the client may receive services. Health Care Providers share responsibility to support safe care, the day-to-day management of the client's care and needs and the communication of Committeeship status, while the client is in their care and receiving services given the client's vulnerabilities.
- Makes every possible effort to engage the client in a therapeutic relationship.
- Reports to their supervisor or Delegated Case Manager directly, any inability to establish or maintain regular contact and a therapeutic relationship with the client as

soon as same occurs or is determined, to mitigate associated risks inherent to the client (for example a client not home during Home Care scheduled visits).

- Advocates for client needs, taking into account the complexities involved within the health system and the risks inherent for the client having been assigned as mentally incompetent.
- Health Care Providers are guided in making personal care and service goal decisions for the client by the same considerations the Public Trustee is required to consider, including the client's wishes, values and beliefs, abilities and best interests.
- Facilitates client involvement in care planning and use a collaborative approach between primary care providers (including fee for service physicians and all health care and service providers involved in providing care to the client), while promoting independent decision making of the client whenever possible and feasible within the Order of Committeeship.
- Consult the assigned Delegated Case Manager and PGT Adult Services Administrator as required for further care planning and decision making as required, i.e.: discharge planning, consent for surgery as outlined within respective roles and responsibilities within this policy and non-delegated PGT Adult Services Administrator non-delegated responsibilities and authority outlined below.
- Provide day-to-day supervision and care as outlined within the client's care plan. Communicate any client needs according to site and program interdisciplinary processes.
- Keep the Family, caregivers or natural supports actively involved in the client's care informed of any client changes, client status and transfer(s) as per the client's wishes and according to the *Personal Health Information Act*, the *Mental Health Act* and SH-SS policies and procedures.

Communication of Committeeship:

- The Health Care Provider flags the client health record to highlight Committeeship status according to the site or program area documentation procedures and as required by this policy. Preference is given to flagging electronic client health records when such exist within the specific site or program area.
- Flagging a client health record includes:
 - Noting that the address of the client under the PGT is changed to 155 Carlton, Winnipeg, MB, on the client's MB Health card by the PGT Office as a further flag and indication to health care providers that this client is under the PGT.
 - Completing and communicating the client's contact information and section within the client's health record, kardex and care plan, noting PGT Committeeship status, along with any proxy, nearest relative and primary contact. See Advance Care Planning-Goals of Care policy.
 - Documenting PGT status including the name and contact information of the assigned Delegated Case Manager and PGT Adult Services Administrator within the client health record, kardex and care plan.
 - Documenting any client specific care requirements such as the need for accompaniment to appointments to facilitate information transfer or other

required care needs within the client health record, kardex and care plan to support safe care.

- Communicates the PGT Committeeship status of a client to all health care providers including fee for service physicians at any point of transition or transfer of care as per policy Information Transfer at Care Transition or the Information Transfer at Care Transitions-Interfacility Transfers and Manitoba Information Transfer Referral Form. This includes emphasizing Committeeship status, specific details of the court order and any limits of same, client vulnerabilities, care needs to support safe care, the contact name and number for the PGT Adult Services Administrator and Delegated Case Manager.

Reporting matters to the Delegated Case Manager:

- The following matters are reported as soon as reasonably possible during business hours:
 - Inability to establish or maintain a service relationship with the client and the associated delegated responsibilities,
 - Any critical incident involving the client,
 - Hospitalization of a client,
 - Death of a client,
 - Death of a client's family member or natural support where the loss will have emotional or other impact to the client,
 - Move of a client from one residence to another including change of region using Public Guardian and Trustee of Manitoba Client Transfer Notice,
 - Any legal claim to which the client may be entitled,
 - If the client is charged with an offence or
 - Situations where there are interruptions in the service care plan provided to the client living in the community such as when services are unavailable or on hold, including Home Care services and medication management.

The Health Care Provider must confirm that the above information was received by the Delegated Case Manager within a timely manner. If the Delegated Case Manager is unavailable, the above matters are reported directly to the Adult Services Administrator.

5. Client Consent:

- Consult with the client to provide any required informed verbal or written consent for medical, surgical, psychiatric or any other procedure requiring consent. (See Consent for Procedures, Treatment and Investigation (CLI.4110.PL.001)).
- As per the Consent for Procedures, Treatment and Investigation, for each procedure or treatment, determine if the client meets these minimal requirements to provide consent:
 - Understands the condition for which the treatment is proposed,
 - Understands the nature and purpose of the treatment,
 - Understands the risks and benefits involved in undergoing the treatment,
 - Understands the risks and benefits involved in not undergoing the treatment,

- Understands if the client's mental condition affects their ability to appreciate the consequences of making a treatment decision, and
- If unable to provide consent or understand the implications of treatment, shall seek consent from the PGT.
- Informs the PGT Adult Services Administrator of the procedures requiring written consent, the client's consent or the need for written consent by the PGT given the client's inability to meet any of the criteria above or the client's refusal to receive treatment and the client risks involved in not receiving the required treatment.

Emergency Consent After Regular Business Hours:

In the event emergency consent for medical or surgical intervention is required after regular business hours, legal services are available to provide consent at 1-204-946-9922. The legal representative engages only with a physician. This emergency number is limited to only providing emergency consent. All other notifications are to be provided during regular business hours.

6. Client choices are inconsistent with the Care Plan:

Members of the health team, while considering the client's independence, abilities, wishes and culture:

- 6.1. Assess the congruency between the client's choice(s) with the proposed care plan and the impact that inconsistencies have on the plan of care and adjust the care plan if safe and appropriate.
- 6.2. Attempt to resolve the inconsistency through assessment, problem solving and Case Management activities while balancing the duty to provide safe care with client choices.
- 6.3. Consult with Managers, Supervisors, Specialists and other Health Care Providers.
- 6.4. Advise the Delegated Case Manager and/or the Adult Services Administrator of the Client's choice and its impact on the care plan and/or any revised care plan.
- 6.5. Document steps taken to address any inconsistencies between the care plan and the client's expressed choices.

7. Responsibilities of the Adult Services Administrator (PGT)

- Administers and oversees the personal and financial affairs of adult individuals with an Order of Committeeship, while maintaining the client's independence, abilities and cultural considerations.
- Manages the client's personal care and seeks services to meet the client's needs.
- May delegate in writing and authorize someone within SH-SS or external partner agency as Delegated Case Manager to perform or carry out the function that may be specified either generally or specifically in the written authorization and Order of Committeeship and for the purposes of personal and regular supervision.
- Supports the client's decision making with care planning or consent, within the client's competency to do so and according the Order of Committeeship and scope of the order.
- Engages in regular communication with the Delegated Case Manager and Health Care provider and is involved in care planning and decision-making as client needs require.

- Requests a Care Plan update within 60 days of delegation and an annual care plan update following, to demonstrate best how the care plan is followed and identify any changes required in the plan to best meet the client's needs.
- Supports the involvement of family and natural supports in the client's care.
- Recognizes the role of any Proxy identified within a Health Care Directive.
- Supports family involvement in funeral planning in event of death and any pre-planned paid funeral arrangements.
- Provides financial limitations to the funeral home in event of unplanned funeral arrangements.

NON-Delegated PGT Adult Services Administrator responsibilities and authority:

- These responsibilities are not delegated and limited to the authority of the PGT:
 - Approval of all financial matters,
 - Filing income tax returns,
 - Applying for pensions or other financial benefits,
 - Estate planning,
 - Personal spending allowances and personal budgeting,
 - Managing any legal affairs and signing any legal documents, rental agreements and leases,
 - Overall management of client belongings and other assets,
 - Consent for treatment and
 - Decisions affecting the client's human rights.

SUPPORTING DOCUMENTS:

[CLI.4110.PL.020.FORM.01](#)

Public Guardian and Trustee of Manitoba Client Transfer Notice Care Plan/Annual Review for Clients of the Public Guardian and Trustee as Committee

[CLI.4110.PL.020.FORM.02](#)

[CLI.4110.PL.020.SD.01](#)

Notification of Letter of Delegation for the Public Guardian and Trustee of Manitoba Client

REFERENCES:

The Mental Health Act of Manitoba: <http://web2.gov.mb.ca/laws/statutes/ccsm/m110e.php>

The Public Guardian and Trustee of Manitoba: <http://www.gov.mb.ca/publictrustee//index.html>

Winnipeg Regional Health Authority Operational Guideline-Roles and Responsibilities of a CMHP staff when assigned a Delegation of Authority from the Office of the Public Trustee

Winnipeg Regional Health Authority Policy-Committeeship pursuant to The Mental Health Act

Manitoba Health, Seniors and Active Living Policy/Mental Health & Addictions, Primary Health Care and Seniors Division-*Communication of Committeeship Status.*

[CLI.4110.PL.010](#)

Information Transfer at Care Transition

CLI.4110.PL.007
CLI.4110.PL.007.FORM.01
[CLI.4110.PL.001](#)
[CLI.5910.PL.008](#)

Information Transfer at Care Transitions-Interfacility Transfers
Manitoba Information Transfer Referral Form
Consent for Procedures, Treatment and Investigation
Advance Care Planning-Goals of Care