

PART II: ASSESSMENT

WHAT IS THIS?

Part II: Assessment:

- Outlines principles to guide the assessment process
- Explains the required assessment components
- Outlines information required to be provided to the adult before an assessment
- Outlines and explains the test of incapability
- Covers assessment issues including collecting collateral information, having a support person present, use of an interpreter, and conducting an assessment without the adult's participation
- Provides guidance for conducting the medical and functional components of the assessment
- Explains the steps to completing the assessment, determination of the adult's incapability, filling out forms, advising the adult of the results and informing the HAD and the PGT

This is important because...

Physicians and other QHCPs play a critical role in the certificate of incapability process. They are responsible for conducting the medical and functional components of a financial incapability assessment and determining whether or not the adult is incapable of managing their financial affairs. The assessment procedures are to a large degree established by regulation. It is recognized the assessment and determination can result in significant stress for the adult, their spouse and near relatives. Health care professionals involved in the assessment need to understand and follow the legal requirements and at the same time, use their professional skills and judgment to recognize, accommodate and support the adult through the process.

QHCPs do not conduct the incapability assessment in isolation, and can request collateral information, as well as additional information from the regional contact within the health authority or the PGT as needed. If during the assessment they are presented with contradictory or new information, a decision to stop the certificate of incapability process can be made in consultation between the health authority and PGT.

RELATED LEGISLATION NOTED

- *Adult Guardianship Act*
- *Statutory Property Guardianship Regulation*



RELATED FORMS AND PACKAGES

- Adult Information Sheet
- Medical Component of Assessment Form
- Functional Component of Assessment Form
- Form 1 – AGA Report of Assessment of Incapability and Details of Assessment
- HAD Information Package Cover Sheet



- HAD Checklist for Issuing a Certificate
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PRINCIPLES TO GUIDE THE ASSESSMENT PROCESS

1. *Incapacity assessments should only be conducted as a last resort and are unnecessary if there are alternate ways of adequately meeting the adult's needs.*
2. *Incapacity assessments are undertaken only if the assessment will serve the interests of the adult.*
3. *An adult has the right to be informed of the intention to conduct an incapacity assessment and to be informed of the outcome of the assessment.*
4. *Incapacity assessments begin with the presumption that the adult is capable of making decisions.*
5. *Incapacity assessments are conducted fairly and with respect for the adult.*
6. *A capable adult has a right to make decisions about their financial affairs and must not be assessed as incapable solely because others disagree with the adult's decisions.*
7. *An incapacity assessment is a process to be completed in consultation with the adult, those who are supportive of the adult and an inter-professional team as appropriate.*
8. *Incapacity assessments in the certificate of incapability context are concerned solely with the adult's ability to make decisions about their financial and legal affairs.*
9. *Incapacity assessors respect the adult's rights to privacy, dignity and well-being.*
10. *A determination of incapability does not automatically mean a certificate of incapability is issued. A certificate of incapability is only issued as a last resort when the adult needs the PGT as committee of estate to protect and manage their financial and legal affairs.*



ASSESSMENT COMPONENTS

The assessment process described here is the same process that is used for conducting second assessments and reassessments.

Assessments under Part 2.1 of the AGA are required to have two components – a medical component and a functional component.

The medical component:

- Must be conducted by a physician within six months before the assessment report (i.e. Form 1 – AGA Report of Assessment of Incapability) is completed
- Consist of one or more examinations and all resulting diagnoses and prognoses relevant to the adult’s incapability to manage that adult’s financial affairs *[SPG Regulation s. 5]*

The functional component:

- Must be conducted by a QHCP
- Consist of one or more evaluations of the adult’s understanding of, and ability to manage, their financial affairs *[SPG Regulation s. 5]*

Physicians can conduct both components of the assessment. All other QHCPs can only complete the functional component. However, usually a physician will conduct the medical component and a QHCP other than a physician will conduct the functional component. Decisions about who will conduct which components of the assessment are made on a case-by-case basis. In some cases, the functional component may be conducted by an interdisciplinary team.

If the functional component of the assessment involves more than one QHCP, a lead QHCP must be identified who is responsible for making a determination about the adult’s incapability and signing the Form 1 – AGA Report of Assessment of Incapability with the Details of Assessment attached. If the assessment, or parts of it, are done by an interdisciplinary team, any member of the team who conducts an evaluation that is relied on to determine whether the adult is incapable of managing finances must be a QHCP. This does not preclude any of the QHCPs from obtaining and analyzing collateral information from other sources and other professionals who are not QHCPs.

COORDINATION OF THE ASSESSMENT COMPONENTS

Once it is apparent to either the PGT or the health authority that a certificate of incapability may be required, the PGT and the health authority will plan how to coordinate the assessment process, i.e., how to obtain the assessment components, who will be the lead QHCP, and who the health authority contact will be to facilitate the review by the HAD.

As mentioned previously, QHCPs do not conduct the incapability assessment in isolation, and can request additional information from the regional contact within the health authority or the PGT as needed. If during the assessment they are presented with contradictory or new information, a decision to stop the certificate of incapability process can be made in consultation between the health authority and PGT.

★ It is best practice that both the medical and functional components and the Form 1 – AGA Report of Assessment of Incapability with the Details of Assessment attached, be completed in as close time proximity to each other as possible.

WHEN INITIATED BY THE PGT

When the assessment process is initiated by the PGT, the PGT will usually coordinate the medical component and the health authority will coordinate the functional component of the assessment, unless the physician will be doing both components.

The PGT will forward the Medical Component of Assessment Form, assessment information and the Adult Information Sheet to the adult's physician. The PGT will then forward the completed medical component to the health authority, who will coordinate the functional component. Alternatively, the PGT can request that the medical and functional components occur simultaneously.

The physician bills the PGT for the cost of the assessment. The PGT covers the cost and recovers it from the adult's estate if appointed as committee of estate.

WHEN INITIATED BY THE HEALTH AUTHORITY

The health authority generally consults with the PGT before initiating an incapability assessment for the purpose of issuing a certificate of incapability.

Sometimes, the health authority will conduct a functional assessment as part of an assessment of what supports and services the adult may need. In other cases, the health authority may conduct both components of the assessment e.g., if the adult is in hospital.

If the health authority is conducting an assessment generally and a certificate of incapability is a possibility, then the health authority will follow the required processes under the Regulation including arranging for a QHCP to conduct the assessment, in case it becomes evident that a certificate of incapability is the best way to proceed.

INFORMATION TO BE GIVEN BEFORE ASSESSMENT

Before conducting the medical or functional component of an assessment, it is mandatory that the QHCP responsible for that component advise the adult of all of the following:

- The adult is being assessed to determine whether they are incapable of managing their financial affairs
- The assessment may be used to determine whether they will have, or continue to have, a statutory property guardian
- The adult can refuse to be assessed, in which case the assessment may be conducted using observational information and information gathered from other sources
- The adult may have a person of their choosing present during all or part of the assessment unless, in the opinion of the QHCP, that person's presence would disrupt or in any way adversely affect the assessment process
- If the assessment is completed, the adult may have a copy of the assessment report from the person who completes the report
- The adult may ask questions of, and raise concerns with, the QHCP with respect to the assessment and the results of the assessment *[SPG Regulation s.6 (1)]*



Best practice is for the QHCP to provide the information to the adult in writing in advance of the assessment so the adult has time to choose whether to participate and to arrange for a support person to be present. However, providing this information in advance may not be feasible in some cases. For example, it may only be possible to access the adult at the time the assessment occurs.

The advice information may be provided orally at the time the adult is contacted to book the assessment and in person with the adult at the time of the assessment. QHCPs can ensure they provide all of the required information by using the [Adult Information Sheet](#).

The QHCP who is arranging the assessment appointment can provide information to the support person about the reason for scheduling the appointment if it seems appropriate to do so. While informing a supportive caregiver can enable the adult to prepare for the assessment, the adult must be given the information directly to satisfy the legal requirement.

If the two components of the assessment are conducted by two different individuals, at different times, each must provide the required information to the adult. If the physician is conducting both of the components of the assessment at the same time, the information can be provided once.

EXCEPTION TO THE REQUIREMENT TO ADVISE ADULT

If the QHCP conducting either assessment component has reason to believe that providing the advice will result in serious physical or mental harm or significant damage or loss to the adult's property, the QHCP can decide not to provide the required information. Examples of serious physical or mental harm include self-harm or threats of suicide, or physical danger due to abuse. Significant damage or loss to the adult's assets is situation specific – even small amounts of money to adults who are living on limited incomes is significant.

If a QHCP decides to waive the requirement to provide the required information, they should document the applicable exception(s).

THE PURPOSE OF THE ASSESSMENT: THE TEST OF INCAPABILITY

The purpose of the assessment is to determine whether an adult is incapable of managing their financial affairs.

An adult is incapable of managing their financial affairs if, in the opinion of a QHCP, any of the following apply: *[SPG Regulation s. 9(1)]*

- a) The adult cannot understand the nature of the adult's financial affairs, including the approximate value of their business and property, and the obligations owed to their dependents, if any
- b) The adult cannot understand the decisions that must be made or actions that must be taken for the reasonable management of their financial affairs
- c) The adult cannot understand the risks and benefits of making or failing to make particular decisions, or taking or failing to take particular actions, in respect of their financial affairs
- d) The adult cannot understand that the information referred to in this subsection applies to them
- e) The adult cannot demonstrate that he or she is able to implement, or to direct others to implement, the decisions or actions referred to in paragraph (b)

An adult is incapable if any of the items in SPG Regulation 9(1) apply. For example, the adult is incapable if they cannot understand the risks and benefits of making or failing to make particular decisions in respect of their financial affairs. Items a) to d) are of a cognitive nature and item e) is about the functional ability to carry out financial decisions. The adult is also incapable if they understand a) to d) but they cannot carry out or direct others to make financial decisions on their behalf, which can be due to compromised executive functioning.

ASSESSMENT PROCESS

The assessment process involves:

- The collection of collateral information about the adult’s ability to manage their finances
- Medical examination(s)
- Interview(s) with the adult during which the QHCP asks them questions specific to functioning with regard to financial decision making
- An analysis and determination by the QHCP of whether the adult is incapable of making decisions about their financial affairs

COLLATERAL INFORMATION

Collateral information is any information that the physician or other QHCP can gain access to in addition to the medical exam or assessment interview. Collateral information is needed to verify information provided by the adult. QHCPs only collect information about the adult and their situation that is relevant and necessary for the assessment. It can include reports, test results, information from discussions with people in the adult’s life. Collateral information can be obtained from anyone who knows the adult including spouse, family, friends, neighbours, care and service providers, and financial institutions. The QHCP will need to decide on the type and who to ask for the information needed.

The questions asked are dependent on the nature of the problems identified. Generally these include:

- How the adult has been functioning with respect to their finances (with specific examples to support the observation provided)
- Information about the adult’s values
- Concerns regarding risks
- Opportunities to enhance capability that the collateral provider may know about

 Best practice is to ensure that information has been collected from collateral sources about the presenting problem and specific identified concerns prior to the assessment so that the assessment is focussed on the relevant issues. The details of the assessment may not be able to be corroborated until the adult is assessed and provides their account of the identified problem and what they believe has been done to address it. At that point, the QHCP may need to verify the accuracy of the details that the adult provided during the assessment by collecting more collateral information or corroborating it with third parties.

A NOTE ABOUT USING COGNITIVE AND FUNCTIONAL INSTRUMENTS

Standardized tests can be very useful but they are limited in what they can reveal about an adult’s actual functioning and so should only be part of the information considered in making a determination about an adult’s incapability. For one review of the literature on the strengths and weaknesses of some of the most commonly used instruments as a component of assessing incapability, see “Incapacity Assessments: A Review of Assessment and Screening Tools” (2009), Dr. Deborah O’Connor at <http://www.trustee.bc.ca/reports-and-publications/Pages/default.aspx>.

SUPPORT PERSONS

A QHCP may permit a person other than the adult being assessed to be present during all or part of an assessment:

- If requested by the adult
- If, in the opinion of the QHCP, it would be necessary or advisable for the purpose of communicating with the adult, or conducting the assessment. *[SPG Regulation s. 7(1)]*

A QHCP may prohibit a person being present during all or part of an assessment if, in their opinion, the presence of the person would disrupt or adversely affect the assessment process. *[SPG Regulation s. 7(2)]* This applies even if the adult requests the person to be present. *[SPG Regulation s. 7(3)]*

Decisions related to support persons need to be clearly documented with the rationale for the decision.

If the adult indicates they do not want a support person to accompany them, these wishes must be honoured, regardless of the support person’s reaction to the request. The QHCP may need to use discretion when a support person is exhibiting undue influence and possibly decide the support person should not be present at all, or should only be present for part of the time, or consider involving a different support person.

USE OF INTERPRETATION SERVICES

 Where an adult’s first language is not English, the QHCP may decide it is necessary to have an interpreter present for the assessment. Best practice is to engage an interpretation service where possible or a person who understands the adult’s form of communication. Sometimes the only option is to rely on a family member or other person known to the adult that may know the adult’s form of communication in which case it is important to be assured that the person is only interpreting rather than adding their own views.

CONDUCTING THE ASSESSMENT WITHOUT FULL PARTICIPATION OF THE ADULT

In exceptional circumstances, an assessment, a component of the assessment or part of an assessment may be conducted without full participation of the adult or without the adult being present, and be based on observational information and information gathered from other sources if:

- The adult refuses in full or in part, to participate in the assessment, cannot reasonably be accessed or is not reasonably able to participate in the assessment, and

- The QHCP conducting the assessment is satisfied that the assessment would be completed accurately using the information available. *[SPG Regulation s. 8(1)]*.

★ The physician and QHCP should make every effort to support and enable the adult’s participation. Reasonable attempts should be made to gain the adult’s involvement.

If an adult refuses to be assessed, cannot be accessed, or is not able to participate, the physician or QHCP must fully document the circumstances and the decision to base the assessment or part of the assessment on observational and collateral information.

FORMS

The following forms have been developed to be used for assessments of financial incapability:

- Medical Component of Assessment Form
- Functional Component of Assessment Form
- Form 1 – AGA Report of Assessment of Incapability and Details of Assessment

The Medical Component and Functional Component forms were developed to guide physicians and other QHCPs through the assessment processes and to document the results. Form 1 is a mandatory form included in the SPG Regulation that must be used to report the determination of an assessment of incapability, to which the Details of Assessment form must be attached.

CONDUCTING THE MEDICAL COMPONENT

The Medical Component of the assessment:

- Must be conducted by a physician within six months before the assessment report (Form 1 – AGA Report of Assessment of Incapability and Details of Assessment) is completed
- Consists of one or more examinations and
- Must include all resulting diagnoses and prognoses relevant to the adult’s incapability to manage finances *[SPG Regulation s. 5(a)]*

It is recommended the physician use the Medical Component of Assessment Form to record the results of the medical examination. The form is fillable, but narrative content can also be attached.

SIX MONTH REQUIREMENT

The SPG Regulation requires the examination(s) be conducted within six months of the Form 1 – AGA Report of Assessment of Incapability and Details of Assessment being completed. This is the prescribed form that the lead QHCP completes which summarizes their determination about the adult’s incapability after both assessment components are complete.

If for example, a physician conducts the medical examination on February 1, 2016, and then completes the Medical Component of Assessment Form on February 20, 2016 and the QHCP completes and signs Form 1 – AGA Report of Assessment of Incapability and attaches the Details of Assessment on July 1, 2016, this is within 6 months of the examination. However, if the QHCP completed and signed the Form 1 at any time later than August 1, 2016, then a new medical examination is required as more than six months have passed.

The six months begins on the date the physician first meets with the adult to conduct the examination for the medical component of the assessment.

- ★ It is also best practice that both the medical and functional components be completed in as close time proximity to each other and to the completion of Form 1 – AGA Report of Assessment of Incapability and the Details of Assessment as possible. This is to ensure that the adult’s medical situation is still stable when the functional component is done and that a certificate of incapability is being considered based on the most current information possible.

THE MEDICAL EXAMINATION

The medical examination is primarily to identify any diagnoses and prognoses relevant to the adult’s incapability to manage finances and to complete the Medical Component of Assessment Form. This examination may take less time when there is an existing relationship between physician and patient.

BEFORE THE MEDICAL EXAMINATION

- ★ The physician:
 - Becomes familiar with the reasons for referral leading to the need for an assessment
 - Reviews collateral information regarding medical problems - reports/test results from others and the physician’s own records if the adult is a current patient
 - Schedules the appointment and ensures the adult is provided with the information that must be given ahead of time - by phone when the appointment is being arranged, by mail, and/or at the beginning of the medical examination, taking note of the adult’s reaction. While informing a supportive caregiver can enable the adult to prepare for the assessment, the adult must be given the information directly to satisfy the legal requirement

DURING THE MEDICAL EXAM

- The physician:
 - Confirms that the information has been provided to the adult before the medical exam
 - Includes any support person as appropriate and clarifies their role
 - Reviews communication issues/barriers (sight, hearing, language, literacy, responsiveness, use of vocabulary) and documents any enhancements used during the examination (e.g., hearing enhancement tools, a translator, communication assistance by a support person the adult chooses)
 - Asks the adult about what their understanding is regarding the reason for the referral
 - Explores the adult’s understanding of their personal history (relevant to assessment) as compared to collateral information
 - Asks about educational level
 - Asks about history of marriage/relationships
 - Asks about the adult’s children: Are they dependents? What assistance, if any, do the children provide to the adult regarding financial management?
 - Asks about the adult’s past values with respect to the use of finances? Are there any recent deviations from their usual pattern?

- Explores the adult’s understanding of their family’s history of illnesses, relevant to the examination and problems identified
- Explores the adult’s understanding of their past medical, psychiatric and surgical history (relevant to the assessment) as compared with collateral information
- Explores the adult’s understanding of medications he or she is currently taking as compared with collateral information
- Conducts a functional enquiry relevant to financial management including changes in sight/hearing, functioning, supports, use of substances, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and risk taking
- Ask other questions relevant to the assessment and any problems identified
- Conducts a complete mental status examination which includes attitude, affect, thought content, perceptions, cognition, and executive functioning

AFTER THE MEDICAL EXAMINATION

The physician completes the Medical Component of Assessment Form using all this information to document the results of the examination i.e., diagnoses and prognoses relevant to the ability to manage financial affairs. The physician:

- Considers whether there is a need to obtain any additional collateral to make any diagnoses
- Documents the adult’s diagnoses and related prognoses
- Documents whether the diagnoses and prognoses may contribute to the adult’s incapability to manage their financial affairs and whether that ability is likely to improve.
- Informs the adult of what will happen next – other assessment components, where they will send the medical component, next steps depending on the determination of incapability or capability
- Sends the completed form back to the PGT or whoever requested that the medical exam be completed

After the medical examination, the physician should provide information to the adult about the outcome of the medical component of the assessment in the way they consider appropriate. If the functional component is going to be conducted by a QHCP other than the physician, then the physician should inform the adult that any further information regarding the assessment results will be provided by that QHCP. The physician is not required to provide the adult with a copy of the Medical Component of Assessment Form, but can do so if they wish, as long as the adult is informed it does not constitute the complete assessment. If the physician who completed the medical component is also completing the functional component of the assessment the physician should follow the process outlined below.

CONDUCTING THE FUNCTIONAL COMPONENT

Note: QHCP is the term used throughout the rest of this section as the person who will conduct the functional component of the assessment. It is important to remember that a QHCP can also be a medical practitioner/physician.

PREPARING FOR THE INTERVIEW



In preparing for the assessment, the QHCP plans and/or decides based on input from service providers and any support people in the adult's life:

- How and when is best to contact the adult to schedule the functional component
- How best to provide the adult with the information required about the assessment in advance
- What is needed for the adult to feel prepared for the interview
- The best time of day and location for the functional component to take place – at adult's home if possible
- How to understand the adult's form of communication
- How to handle a situation where there is someone responsible for abusing the adult who wants to be present
- How best to pose the questions during the interview – e.g., repetition, breaking questions into parts

THE FUNCTIONAL COMPONENT INTERVIEW(S)



The functional component assessment interview should follow an adult-centered approach which respects the values, beliefs, goals, expectations and preferences of the adult. In some cases the adult may be unable to provide the correct response to financial knowledge questions because they have had little or no prior exposure to financial matters.

In the interview, the QHCP:

- Establishes rapport with the adult
- Reviews the rights information from the [Adult Information Sheet](#)
- Is attentive to anything that upsets the adult
- Addresses and documents any objections to the assessment that the adult raises as many objections may be able to be remedied
- Uses their clinical judgment to determine how best to ask the most relevant questions

The structure of the interview and style of questioning will affect both the information obtained and how the person being assessed functions during the interview. Choices about structure include the style of questioning that will be employed, from very open ended narrative approaches to very structured, standardized approaches. There are strengths and limitations associated with each.

A goal in using narrative approaches is to facilitate the “narrative telling” rather than a question/answer type structure. Some strategies for doing this include:

- Ask “how” questions
- Use probes – e.g., tell me more about that

- Initially avoid questions that require yes/no responses

When using this mixed approach, begin with the more open-ended questions, then move to more specific questions.

FACTORS IN DEMONSTRATING UNDERSTANDING

★ The QHCP is cautioned to be aware of potential rote or regularly and easily repeated activities versus knowledgeable, informed and reasoned responses to questions the adult may have deep familiarity with. (For example, some adults will be able to provide information about their financial status without having a true understanding of the obligations required.) It would be unreasonable to remove the rights of an adult to manage their finances due to a lack of financial knowledge, versus an incapability to understand financial matters. The QHCP should consider asking some of the assessment details more than once during the process in order to confirm that the adult is retaining information.

The following are indicators that may be helpful when determining whether the adult understands the basic information required to make the decision(s) that need to be made about their financial affairs. During the interview the adult:

- Repeats or explains the information in their own words or manner of communication
- Gives consistent and unambiguous answers to questions
- Is able to follow/participate in the discussion about their financial affairs
- Asks pertinent questions which reflect understanding of the situation and of their financial affairs
- Decisions/choices are consistent
- Identifies necessary actions to ensure the reasonably effective management of their financial affairs

FUNCTIONAL COMPONENT ASSESSMENT FORM

The QHCP uses the Functional Component of Assessment Form to complete the assessment. The purpose of this form is to provide guidance to the QHCP who is responsible for conducting the functional component of the assessment and for making a determination about the adult's incapability. The topics covered during the assessment include:

- **Overview:** Reason for assessment, diagnoses and prognoses, social history, living situation, health and social service supports, community supports, functioning
- **Collateral Sources and Previous Collateral Test Results**
- **Functional Component Interviews and Detailed Clinical Impression:** Communication, involved QHCPs, notifications, assessment tools/financial/functional tests/screens, functioning, financial assessment information (the adult's reporting, collateral information and any discrepancies)
- **Determination:** Based on the test of incapability in the Regulation and analysis, reports, adult advised of results
- **QHCP Certification:** Identification

The lead QHCP:

- Records, verifies, organizes, summarizes and analyzes the relevant information gathered from the person being assessed, as well as from family, professional caregivers or interdisciplinary consultants and the review of objective records
- Ensures that all assessment information is clear, consistent and complete
- Gathers further information to address gaps
- Analyzes the content and makes a determination as to whether the adult is mentally incapable according to the test of incapability
- If unable to make a determination due to missing or conflicting information, documents the reasons, and outlines options for next steps such as whether the process should proceed or not, are there other options that should be reconsidered, and whether the court process should be used instead of the certificate of incapability process

ON COMPLETING THE ASSESSMENT

On completing the assessment, the QHCP who is conducting the assessment must:

[SPG Regulation s. 10(1)]

- Complete the Form 1 – AGA Report of Assessment of Incapability
- Attach the Details of Assessment which includes the following content:
 - Factors considered in making a determination of the adult’s capability or incapability
 - Conclusions reached on the basis of those factors
 - Summary of the information, if any, gathered from other sources, and
 - Other matters they believe to be relevant to the assessment

The QHCP should use the Details of Assessment form to record the details described above, which also includes space to report:

- **Reason:** For the assessment
- **Medical Component:** Who conducted it, when and the relevant diagnoses and prognoses
- **Functional Component:** Who conducted it, when the relevant factors considered and conclusions reached
- **Summary of the Determination**
- **Next Steps:** The report will be given to the health authority and/or the PGT as it may be used to consider issuing a certificate of incapability
- **Contact:** That the adult can contact the QHCP with questions and/or concerns

On completing the assessment, the QHCP must:

- Advise the adult of the details and the results of the assessment, including the determination of the adult’s capability or incapability; and
- Offer the adult a copy of the report and the details.

When the QHCP advises the adult of the results and offers the adult a copy of Form 1 – AGA Report of Assessment of Incapability and the Details of Assessment form, a copy of the Functional Component of Assessment Form is **NOT** provided to the adult. This is because the Functional

Component of Assessment Form may include the personal information of third parties that should not be disclosed to the adult.

EXCEPTION TO THE REQUIREMENT TO ADVISE ADULT OF RESULTS AND OFFER COPY OF REPORT

The QHCP is not required to advise the adult of the results or offer a copy of the report if, in the opinion of the QHCP, doing so may cause the adult serious harm or significant damage or loss to their property. *[SPG Regulation s. 10(2)]*

Examples of serious physical or mental harm include self-harm or threats of suicide or physical danger due to abuse. Significant damage or loss to the adult's assets is situation specific – even small amounts of money to adults who are living on limited incomes is significant.

If a QHCP decides to waive the requirement to provide the required information, the QHCP should document the applicable exception(s).

The QHCP decides whether the adult can be informed verbally and/or in writing depending upon the adult's condition and circumstances and should document their decision.

The QHCP will address the adult's questions about the assessment, the results, and what might happen next. This can include providing written information about resources available to assist and helping the adult access services outlined at the bottom of the Adult Information Sheet.

Regardless of the determination (capable or incapable) the QHCP forwards a copy of the report (Form 1) with the Details of Assessment to the PGT.



REPORT OF ADULT'S INCAPABILITY TO THE HAD

If the QHCP determines the adult is mentally incapable of managing their financial affairs, they may report the adult's incapability to a HAD. *[AGA s. 32(2)]*

The QHCP must attach the details (using the Details of Assessment form) to the Form 1 – AGA Report of Assessment of Incapability. The QHCP may send Form 1 – AGA Report of Assessment of Incapability, the Details of Assessment, Functional Component of Assessment Form, and Medical Component of Assessment Form directly to the HAD (process in some health authorities) or to the PGT, who will provide the complete package to the HAD (process in other health authorities).

The QHCP sends the report to the PGT or the HAD depending on health authority practice and who requested it.

The PGT forwards the HAD Information Package according to health authority protocols.

This package includes:

- HAD Information Package Cover Sheet
- Summary of the PGT Investigation and any attached collateral information gathered by the PGT
- Summary of health authority investigation, if applicable
- Form 1 – AGA Report of Assessment of Incapability and Details of Assessment
- Medical Component of Assessment Form
- Functional Component of Assessment Form

- HAD Checklist for Issuing a Certificate
- Other forms and information as relevant

The HAD Information Package should also have contact information for the purpose of notification of the spouse and near relatives.

Some health authorities will add the Functional Component of Assessment Form and Form 1 – AGA Report of Assessment of Incapability to the HAD Information Package once the package is received from the PGT. In other health authorities all components of the assessment will be provided to the PGT when they are completed and the full package will be provided by the PGT to the HAD.

The following graphic is a simple description of common steps in forwarding the necessary information to the HAD.

Health Authority Designate Package – How it is Built

