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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 91 INF-53

DIVISION: Adult Services

TO: Commissioners of  
 Social Services

DATE: October 3, 1991

SUBJECT: Protective Services for Adults (PSA): Questions and  
 Answers from Regional Meetings on Client  
 Characteristics

SUGGESTED  
 DISTRIBUTION: Directors of Services  
 Adult Services Staff  
 Staff Development Coordinators

CONTACT PERSON: Any questions concerning this release should be  
 directed to your district's Adult Services  
 Representative at 1-800-342-3715, as follows:  
 Irvin Abelman, ext. 432-2980 or (212) 804-1247  
 Kathleen Crowe, ext. 432-2996  
 Michael Monahan, ext. 432-2684  
 Janet Morrissey, ext. 432-2997

ATTACHMENTS: NONE

FILING REFERENCES

| Previous<br>ADMs/INFs | Releases<br>Cancelled | Dept. Regs. | Soc. Serv.<br>Law & Other<br>Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------|------------|
| 90 ADM-40             |                       | 457         | Article 9-B                             |             |            |

In March and April of 1991, the Department conducted six regional technical assistance sessions on 90 ADM-40, "Protective Services for Adults: Client Characteristics". The purpose of this release is to provide additional clarification regarding the following questions which were received during the technical assistance.

1. Voluntary and Involuntary Clients

Question: What distinguishes a voluntary client from an involuntary client in relation to the provision of financial management services to clients for whom the local district is acting as representative payee?

Response: A client is considered to be voluntary if the services plan has been discussed with the client, the client is generally agreeable to the services proposed and the client is not actively resistant to the overall plan. An example of a voluntary client would be a client who, as a result of persuasive casework, reluctantly consents to a services plan which includes a plan for the social services district to act as the client's representative payee. The case would not revert to involuntary status as a result of periodic client complaints about the caseworker's control of the client's money. However, if a client makes a formal request to Social Security for a redetermination of the client's payee status, requests legal assistance for removal of the client's payee, or otherwise engages in active resistance to the services plan, the case must be considered involuntary. Clients for whom a local district is acting as a conservator or committee, or clients to whom the district is providing services under any other court authorized intervention are considered involuntary, as indicated in 90 ADM-40. As stated in 90 ADM-40, services to involuntary clients must be provided under PSA.

2. Preventive vs. Protective Services for Adults

Question: What is the difference between PSA and Preventive Services for Adults?

Response: The primary distinguishing factor between Preventive and Protective Services for Adult clients is their ability or inability to protect themselves from harm in the absence of services by the district. If a client would be unable to function independently without services from the local social services district, and there is no one else who is willing and able to assume responsibility for the client's care, then the case must be Protective. Those clients who have the capacity to alert others to their needs, or have others willing and able to act in this this capacity, may be carried as Preventive cases if all protective issues have been addressed. It is important to note that the fact that a client is willing to accept services does not, in itself, mean that the case should be carried as Preventive. A voluntary client who lacks the capacity to function independently without local district services, and who has no one else available to provide assistance in a responsible manner, must be carried as Protective.

3. Local District Responsibility for Representative Payee Referrals From Social Security

Question: Are all persons referred by Social Security for a representative payee, including all alcoholics and drug addicts, eligible for PSA?

Response: Social services districts are only mandated to provide representative payee services to adults who are in receipt of PSA. Not all adult alcoholics and drug addicts are eligible for PSA. Many alcoholics and addicts who are resistant to treatment retain a sufficient degree of mental capacity to meet their own basic needs, to protect themselves from harm and to make conscious choices regarding their situations. Such individuals are not eligible for PSA and, therefore, are not eligible for representative payee services through PSA. If such a client is referred for services by Social Security, the case may be rejected for PSA. Local districts may choose to provide representative payee services under Preventive Services for Adults, Home Management Services or Residential Placement Services for Adults to individuals who are programmatically eligible for these services and, who agree to accept financial management services.

4. Initial PSA Home Visit on Cases Reclassified From Other Adult Services Categories

Question: When does an initial PSA home visit need to be made when a case is reclassified to PSA from another adult service? (This question was raised specifically with regard to the required review of all Adult Services cases against the PSA criteria set forth in 90 ADM-40).

Response: For a cases which is being reclassified to PSA from another adult services category, an initial PSA home visit must be made during the month in which the reclassification occurs. A reclassification to PSA must be reflected on a completed DSS-3602 (PSA Assessment Services Plan). The DSS-3602 must be signed and dated by a supervisor and caseworker on the date the reclassification occurs. The reclassification date should be listed as the referral date on the DSS-3602 and the notation "reclassified to PSA" should be made on the referral date space on the DSS-3602. A DSS-3831 (PSA Referral/Disposition) does not need to be completed for a case which is being reclassified to PSA from another adult service.

5. Payments to Hospitals Under PSA "Emergency Room and Board" Provision

Question: Under what circumstances may a client's stay in a hospital be reimbursed under the PSA "Emergency Room and Board" provision?

Response: Reimbursement may only be provided on behalf of adults who are determined eligible for PSA. Emergency room and board payments to a hospital must be an integral and subordinate part of a PSA services plan. This means reimbursement can only be considered after the social

services district determines that admission to a hospital or continued hospitalization is necessary to avoid conditions which would present a risk of serious harm to a client in the community. In addition, all other payment sources to cover the cost of the client's hospitalization must be exhausted prior to authorization of emergency room and board payments. PSA emergency room and board payments are limited to a maximum of 30 days.

Districts are alerted to the fact that medical reimbursement may be available for hospital admissions to clients who are victims of abuse or maltreatment by other persons. A Diagnostic Related Grouping (DRG) entitled "Adult Maltreatment Syndrome" (DRG 455) is available to hospitals to cover the costs of hospital admission, testing and treatment of adult victims of abuse or maltreatment. This DRG is available to cover the cost of hospital care for patients with Medicare, Medicaid, Blue Cross and certain private insurance coverage. Districts are encouraged to explore this option with hospitals whenever the admission of PSA clients who are victims of abuse or neglect is being contemplated. All hospital discharge planning staff should have access to a listing and explanation of all DRGs.

6. Scope of State Health Department Grievance Resolution Mechanisms

Question: Are the State Health Department grievance resolution mechanisms discussed in 90 ADM-40 applicable to all hospital discharges?

Response: The Discharge Review Program and State Health Department Complaint Investigation Program are not applicable to discharges from psychiatric hospitals or from psychiatric units of general hospitals. These programs are also not applicable to patients discharged from Veterans Administration (VA) hospitals.

With regard to questions regarding discharges from state psychiatric centers, districts should consult the terms of the Interagency Agreement between the Department and the State Office of Mental Health (OMH) on Discharge Planning contained in 87 INF-5 and clarified in 88 INF-2.

Unresolved complaints regarding inappropriate psychiatric discharges should initially be addressed to the appropriate Regional Office of the State Office of Mental Health for resolution. Complaints which cannot be resolved by the appropriate OMH Regional Office should be addressed to the State Commission on Quality of Care for the Mentally Disabled at (518) 473-7378.

Complaints regarding inappropriate discharges from VA hospitals can be addressed to the Inspector General of the Veterans Administration at (800) 368-5899, or to the Director of Health Administration for the Northeast Region at (202) 535-7600.

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William Gould  
Acting Deputy Commissioner  
Division of Adult Services