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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 93 ADM-23

TO: Commissioners of
 Social Services

DIVISION: Services &
 Community
 Development

DATE: August 24, 1993

SUBJECT: Protective Services for Adults: Intake

 SUGGESTED

DISTRIBUTION: | Directors of Services
 | Adult Services Staff
 | WMS Coordinators
 | 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:
 | Thomas Burton, ext. 432-2987
 | Kathleen Crowe, ext. 432-2996
 | Michael Monahan, ext. 432-2667
 | Janet Morrissey, ext. 432-2997, or
 | Irvin Abelman at (212) 383-1755

ATTACHMENTS:

- A. DSS-3602A: PSA Intake Disposition
 - B. DSS-3602B: PSA Assessment/Services Plan
 - C. DSS-3602C: Determination of PSA Ineligibility
 - D. DSS-3603: PSA Assessment/Services Plan/Review/Update
 - E. & F. Model Cover Letters for Client Notices
 - G. Model Referral Log
- Attachments A., B., C. & D. are not available on-line
 Attachments E., F. & G. are available on-line

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|--------------|---|-------------|------------|
| 87 ADM-31 | 87 ADM-31 | Part 457 | Article 9-B | Bulletin | |
| 90 ADM-40 | | Sections 402 | | 194 | |
| 91 ADM-10 | | 2(d) and | | | |
| 92 INF-26 | | 404.1 | | | |

I. PURPOSE

The purpose of this release is to clarify social services district (district) responsibilities for responding to Protective Services for Adults (PSA) referrals as defined in Section 457.1(c)(2) of the Department's regulations.

II. BACKGROUND

Intake and access to services are especially important components of the PSA program. Vulnerable adults who are served by PSA are generally isolated and often are resistant to contacts with others who may help them. Family members, friends, neighbors and other service providers often are unaware of the PSA program and may be confused about its purpose. Potential referrals may not be made because of a reluctance to act against an endangered adult's wishes or the wishes of abusive, neglectful or exploitative family members. For all of these reasons, it is essential that PSA programs provide well publicized and easily accessible points of entry for potential PSA clients.

In 1985, the Department issued an administrative directive (85 ADM-5) and revised regulations establishing process standards for the delivery of PSA. The PSA process standards defined a PSA referral, established specific timeframes for responding to referrals and introduced a uniform PSA Assessment/Services Plan form (DSS-3602). In 1987, the Department issued 87 ADM-31, which established additional recording and reporting requirements for the intake and investigation components of PSA cases. That directive also established specific reporting requirements for the PSA program. In 1991, the Department issued 91 ADM-10 which replaced 85 ADM-5 and set forth revised process standards to conform to clarifications in the PSA regulations.

Implementation of the PSA process standards has resulted in greater statewide uniformity in the delivery of services. The process standards established specific performance measures which provide the basis for improved internal and external monitoring of the PSA program. The Department's ongoing PSA case review project has provided valuable feedback to the Department and the districts and has led to significant improvements in service delivery throughout the state. However, despite the overall improvement in the delivery of PSA, the PSA case reviews have identified structural and programmatic weaknesses in the intake and investigation phase of PSA operations in many districts. The absence of specific standards for the intake function has contributed significantly to this problem.

New York State is one of a minority of states without a mandatory reporting and/or centralized reporting system for abused and neglected adults living in the community. The Department has consistently taken the position that a centralized reporting system would be costly and of questionable value in identifying and serving abuse victims. In 1989,

the New York Public Welfare Association (NYPWA) issued a report entitled "Protective Services for Adults Service Delivery Model: A Viable, Cost Efficient Alternative to a State Central Register", which supported the Department's position with regard to centralized reporting. The NYPWA report proposed a statewide public education campaign to promote professional and community awareness, a strengthened intake function and an expansion of PSA services as a more feasible alternative to centralized reporting. The Department has implemented a multi-faceted statewide public education campaign to provide the public and other professionals with information on the availability of PSA in New York State. This directive is intended to assure the accessibility of PSA and statewide consistency in the PSA intake function, which are critical to the success of our public education efforts and to the delivery of services to persons in need of PSA.

III. PROGRAM IMPLICATIONS

This release consolidates all existing requirements pertaining to the PSA intake function. Additional standards are established for investigating, documenting and reporting PSA referrals and for supervisory oversight of the intake process. In addition to ensuring facilitated access to services, these requirements will establish accountability in the PSA intake function and will lead to further improvement in the overall quality of services provided.

Although many districts currently meet most of the requirements in this directive, it may result in some initial increases in program and administrative costs in some districts. However, these increases should be more than offset by easements in the PSA administrative requirements set forth in Part 457 of the Department's regulations. In addition, the standardization of the PSA intake function and the consolidation of related forms may ultimately lead to greater efficiency and reduced program costs in some districts.

IV. REQUIRED ACTION

A. Intake: Organization

1. Structure

All districts must maintain a distinct intake function for PSA. The PSA intake function may be established within the framework of a separate PSA intake unit, as part of a generic intake unit which is responsible for receiving referrals for PSA and other services, or as part of a unit which is responsible for the intake function as well as for providing services to open cases. Districts also may utilize more than one PSA intake location. In establishing the PSA intake function, districts must take into consideration the isolation, vulnerability and resistance of potential PSA clients.

All requirements established in this directive must be observed regardless of the organizational structure of the PSA intake function. In a district with more than one PSA intake location, if a PSA referral is received by a PSA intake location other than the location which will be responsible for responding to the referral,

the receiving location must attempt to obtain the name and telephone number of the referral source. The intake unit which receives the referral must immediately transmit the name and telephone number of the referral source to the appropriate PSA intake unit, which must contact the referral source on the same day and commence the intake process. The location initially receiving the referral must inform the person making the referral that he or she will be contacted on the same day by the appropriate intake unit. The receiving location also must provide the referral source with the name and telephone number of the intake unit that will be responding to the referral and the name and telephone number of a supervisor or a central office administrative staff person who will intercede, if necessary, to ensure that the referral is handled appropriately. A referral is considered to be received when it is received by the PSA intake unit which will be responsible for the case.

2. Staffing

Designated staff must be available to receive PSA referrals throughout the normal business day. Sufficient staff must be available to ensure that all requests for services are received without any delay and all PSA referrals are responded to within the required timeframes. Staff who receive PSA referrals must be knowledgeable about PSA issues and skilled in interviewing and investigation techniques. It is recommended that all staff who receive PSA referrals be caseworkers. However, intake staff whose job function is limited to receiving PSA referrals, and who do not conduct follow-up home visits, are not required to be caseworkers.

It is recommended that all staff who receive PSA referrals obtain as much job related PSA training as possible. Intake casework staff whose job function includes making follow up home visits, and their supervisors, must meet the minimum PSA training requirements set forth in Section 457.4(c) of the Department's regulations. It is recommended that intake staff whose job function is limited to receiving PSA referrals attend a PSA Institute. Intake staff whose function is limited to receiving referrals, and who do not attend the PSA Institute, must receive training on the basic aspects of PSA from the district as part of its staff development responsibilities pursuant to Section 402.2(d) of the Department's regulations.

3. Telephone Numbers

As part of the district's PSA public education initiatives, each district is required to ensure access to PSA by the general public and other agencies. To help assure access to PSA, the PSA intake telephone numbers must be included in all PSA brochures, posters and informational materials distributed by the districts. In addition, districts must assure that sufficient telephone lines are available to handle the volume of incoming calls to each PSA intake unit. We also recommend that all PSA intake telephone numbers be listed under the heading "Protective Services for Adults" in the County Government section of the local telephone directories serving the district.

B. Intake Process

1. Definition of a PSA Referral

Section 457.1(c)(2) of the Department's regulations requires a prompt response to and investigation of PSA referrals. A referral is defined in the regulations as "any written or verbal information provided to a district in which a specific person is identified as apparently in need of PSA, or any verbal or written information provided to a district on behalf of an adult for whom the district determines that a PSA investigation and assessment is necessary".

a. Referrals Received From Other District Units and Referrals Which Involve Cases Currently Being Served By Other District Units

Any information received from another district unit which indicates that an adult may be in need of PSA must be treated as a PSA referral. Information received by PSA from community sources which indicates that an adult who is currently being served by another district unit, such as Personal Care Services, must be handled as a PSA referral if the individual may meet the eligibility criteria for PSA. Upon receiving a community referral involving an adult who is active with another district unit, the intake worker should initially attempt to discuss the case with the other unit to more accurately determine whether the adult may be in need of PSA. However, if the other unit does not have current and reliable information which would rule out PSA eligibility, a PSA assessment must be initiated.

b. Referrals Involving Adults Who Are Currently Being Served by the PSA Unit Under Other Services Categories

When information is received from an outside source indicating that a person may be in need of PSA, and that individual is currently receiving services other than PSA from a unit which provides PSA, the situation must be treated as a new PSA referral. Under these circumstances, a home visit must be conducted in accordance with the timeframes set forth in Section 457.1(c)(2) of the Department's regulations. Operating within these timeframes, the intake worker should initially consult with the supervisor of the unit in which the case is active to determine if the unit's current knowledge of the case contradicts information provided by the referral source and would rule out the client's potential PSA eligibility.

c. Internal Reclassifications to PSA From Other Services Categories

Cases which are reclassified to PSA from other services categories, and continue to be served within the same unit, are not to be considered PSA referrals if the reclassification occurs as a result of information obtained through ongoing casework activity of unit staff. An internal reclassification to PSA refers to a transfer of a case from another service

category to PSA which occurs within a unit in which the staff report to the same line supervisor.

A PSA Assessment/Services Plan (DSS-3602B) must be completed for each case which is being reclassified to PSA from another services category within the same unit. A home visit must be conducted in the month in which the reclassification occurs. The fact that the case is being reclassified to PSA must be indicated in Section I of the DSS-3602B. The date the information on which the reclassification is based is received must be listed as the referral date on the DSS-3602B. The DSS-3602B must be signed and dated by a caseworker and a supervisor within 30 days of the referral (reclassification) date. A copy of the DSS-3602B, which replaces the DSS-3602, is included as Attachment B.

d. New Information Received by Intake on Active PSA Cases

Information received by a PSA intake unit on an active PSA case is not to be considered a PSA referral. If an intake worker receives a report on an opened PSA case, the information must be transmitted to the unit responsible for the case. This information must be documented in the case record along with the follow-up action taken by the responsible unit.

2. Referral Response

In responding to referrals, the intake worker must attempt to guide the interview to obtain as much accurate and detailed information as possible. Whenever possible, the referral source should be asked to provide personal observations or other first hand information describing the person's incapacity and the nature and degree of risk faced by the client. PSA intake staff must utilize the PSA Intake Disposition (DSS-3602A which replaces the DSS-3831) as a guide to determine possible PSA eligibility and an appropriate course of action for each referral. The intake worker must make certain that each relevant item on the DSS-3602A is addressed as thoroughly as possible in the intake interview.

If an adult appears to be eligible for PSA, or if PSA eligibility cannot be ruled out based on information which the intake worker is able to obtain, a PSA investigation/assessment and home visit must be conducted, in accordance with Section 457.1(c)(2) of Department regulations. Conversely, if PSA eligibility can be ruled out based on information received during the intake process, the referral may be rejected at intake.

If a referral is rejected at intake and other services are needed, the intake worker must make reasonable efforts to provide the referral source with referrals to other service providers. If a referral is made to another agency, the intake worker must attempt to provide the referred party with the name and telephone number of a contact person in the receiving agency. The intake worker's name and telephone number also must be given to the referred party, in case additional information or follow up is required. All referral

related transactions must be documented in the intake record for cases in which a PSA Intake Disposition (DSS-3602A) is required to be completed. Intake dispositions are not required to be completed for requests for Information and Referral Services or for requests for non Title XX services. See subsection C. 1. entitled "PSA Intake Disposition (DSS-3602A)" for further guidance regarding requirements for the completion of PSA Intake Dispositions.

If an adult who is the subject of a PSA referral, the adult's authorized representative, or someone acting responsibly for the adult, disagrees with a determination to reject a referral at intake, anyone of these persons may apply for PSA in accordance with Section 404.1(c) of the Department's regulations.

If an application for PSA is submitted by an adult, the adult's authorized representative or someone acting responsibly for the adult, the application for services must be accepted and a determination of eligibility or ineligibility made in accordance with Sections 404.1(f) and 457.13 of the Department's regulations. If an application is made for PSA and if PSA eligibility can be conclusively ruled out based on all information provided by the person submitting the application, a determination of ineligibility for PSA can be made without conducting a home visit. If PSA eligibility cannot conclusively be ruled out, a home visit must be conducted in accordance with Section 457.1 (c)(2) of the Department's regulations and as set forth below. If a determination of PSA ineligibility is made without conducting a home visit, the reasons for the district's ineligibility decision must be clearly documented on a completed DSS-3602C and in the referral record. See Subsections C.2 and C.3 for the requirements pertaining to the completion of a DSS-3602C and the contents of referral records.

In determining whether or not to initiate a PSA investigation/assessment, special care should be taken when responding to referrals involving adults who appear to be at risk of serious harm as a result of abuse, neglect or exploitation by other persons. Some abuse victims may initially appear to retain physical and mental capacity. Upon further investigation it is often found that previously non debilitating physical and mental deficits are exacerbated by the adult's isolation from all potential sources of outside support by the alleged abuser. As a result, many abuse victims who would otherwise retain sufficient capacity for independent living lack the capacity to address the abuse because of their impairments and, therefore, require assistance from others to initiate a plan to remove themselves from harm. Consequently, any referral involving an adult who appears to be at risk of harm by others should be assessed for PSA if there is any doubt regarding the adult's physical or mental capacity, and if no other agency is willing and able to provide the necessary assistance.

3. Initial Home Visit and PSA Assessment

Upon determining that an adult appears to be eligible for PSA, the intake worker must make an immediate determination whether or not a life threatening situation is likely to exist. A referral must be

considered to be life threatening if there is any information available to indicate that circumstances are present which may result in death or irreparable harm to the adult unless emergency action is taken. If there is any doubt as to whether or not a life threatening situation exists, then it must be assumed that a life threatening situation does exist, as indicated in 91 ADM-10.

If the intake worker determines that a life threatening situation exists, the intake worker must immediately bring the situation to the attention of a supervisor. If the supervisor concurs, immediate steps must be taken to obtain appropriate emergency medical and/or police assistance. Immediate steps also must be taken to initiate a PSA investigation and to arrange for a home visit. It is the responsibility of the intake worker or the worker to whom the case is assigned to follow-up on all emergency services referrals to assure that the situation has been stabilized. All emergency casework activity and follow up must be documented in the case record or the referral record if the case is not opened for PSA. A home visit also must be made within 24 hours of receipt of the referral, unless the client has been relocated to a hospital, residential care facility or it is otherwise determined that the client is no longer in danger of immediate harm. If an initial determination was made that a life threatening situation existed and a home visit was not made within 24 hours, the reason that a home visit was not made within 24 hours must be clearly documented in the case record or referral record. See Subsection C.3 for a discussion of the referral record.

In all cases which are determined not to be life threatening, with the exception of cases being reclassified to PSA as discussed above in Subsection B.1(c), a home visit must be made within 3 working days. The standards for initial PSA visits are set forth in Section 457.1(c)(2) of the Department's regulations and 91 ADM-10. If the client is hospitalized or not presently living at home, reasonable efforts must be made to locate and to visit the client within 3 working days in the hospital or other location in which the client can be found.

If an adult for whom a PSA referral is received cannot be located, or if the caseworker is denied access to the adult's home, prompt and continuous follow-up efforts must be made to locate and to obtain access to the adult in the adult's home. Follow-up efforts must include contacts with any other persons who might be of assistance in locating and/or obtaining access to the adult, including the referral source, staff of other agencies, family members, friends, neighbors, landlord, or building superintendent. Efforts to locate and/or to obtain access to the adult must continue as long as there is reason to believe that the adult may be in need of PSA. If reasonable efforts have been made to obtain access to an adult, and access continues to be denied by the adult or other persons, steps must be taken to pursue an Access Order in accordance with Section 457.11 of Department regulations. The number and frequency of follow-up home visit attempts must be commensurate with the severity of the case situation, as indicated by the information obtained during the intake process.

A decision must be made within 30 days of the referral regarding the person's eligibility for PSA. If it is determined that the individual is eligible for PSA in accordance with 90 ADM-40, an Application for Services (DSS-2921) authorizing the provision of service must be completed within the 30 day time period.

4. Client Notification

Written notice of the person's eligibility or ineligibility for PSA must be mailed or hand delivered to the individual within 15 calendar days of the eligibility decision, in accordance with Section 404.1(f)(1) of the Department's regulations. A determination of eligibility or ineligibility for services occurs on the date that a PSA Assessment/Services Plan (DSS-3602B) or (DSS-3602C) is completed and signed by the caseworker and supervisor.

In accordance with Section 404.1(f)(2), (3) and (4) of the Department's regulations, the written notices of PSA eligibility or ineligibility must contain the following information:

- a. A notice of eligibility must indicate the type of service to be provided (PSA), the period for which the service is being authorized, the name and telephone number of the worker who will be responsible for the case, a statement regarding the continuing responsibility of the person to report any changes affecting his or her continuing eligibility for PSA and the person's right to accept or reject services.
- b. A notice of ineligibility for PSA shall provide specific reasons why PSA is being denied or terminated and cite the Department policy which is the basis for the denial (90 ADM-40: PSA: Client Characteristics provides comprehensive guidelines regarding PSA eligibility/ineligibility).
- c. A notice of PSA eligibility or ineligibility must include information concerning the person's right to a fair hearing in accordance with the requirements in Section 358-2.2 of Department regulations.

It is important to note that only a client or the client's authorized representative may request a fair hearing. Any of the following persons are to be considered a client's authorized representative : 1) anyone having legal authority to act for the client (the adult's guardian, conservator, committee or power of attorney); 2) the client's attorney; or 3) anyone who presents a notarized statement that the client has authorized them to apply for PSA on the adult's behalf.

In addition to the client notification requirements set forth above, it is recommended that notices to persons who are determined eligible for PSA contain a statement about the district's responsibility to seek legal authority to provide services against the client's wishes if it is determined that the person is at risk of serious harm and unable to understand the consequences of their decisions. If this information is included in a district's PSA

eligibility notices, the notices should also inform clients that legal interventions will only be pursued if voluntary efforts to resolve the situation are unsuccessful.

Many PSA clients may not be able to comprehend a standard written notice of eligibility or ineligibility. Therefore, the caseworker should provide an oral explanation of the notice to any client who may be unable to comprehend or might become confused by its contents. If a caseworker hand delivers or orally explains the notice to a client, this contact must be documented in the case record or in the referral record, as discussed below in Subsection C.3.

Districts should consider sending standardized cover letters with PSA eligibility and ineligibility notices to explain the meaning and purpose of the notices in clear and concise terms. Copies of model notice cover letters are included as Attachments E and F of this release.

5. Informing Referral Sources

PSA referrals are usually made by third parties acting on behalf of adults who may be incapacitated and unable to effectively advocate for themselves to obtain needed services. In order to ensure that the intake process is accountable to clients, referral sources need to be informed promptly of the district's decision with regard to the status of the referred individual's case. Section 457.14 of the Department's regulations contains requirements for the timely provision of information to referral sources. These requirements are discussed below.

a. Referrals Received From Other Community Resources Which Are Part of the PSA Service Delivery Network [Section 457.14(a) of the Department's regulations]

When information provided by another community resource which is part of the PSA service delivery network is accepted as a PSA referral, the referral source must be informed orally or in writing of the person's eligibility or ineligibility for PSA within 15 calendar days of the completion of the PSA assessment (DSS-3602B or DSS-3602C).

When information provided by another community resource which is part of the PSA service delivery network is not accepted as a PSA referral, the referral source must be informed orally or in writing of the district's decision within 15 calendar days of the decision.

In accordance with Section 457.7 of the Department's regulations, local PSA service delivery networks include: medical and other health care providers; mental health providers; legal services providers; law enforcement agencies; client advocacy organizations; other public and private social services agencies; utilities and other public service organizations; religious organizations and other local district

units.

- b. Referrals Received From Other Sources Which Are Not Part of the PSA Service Delivery Network [Section 457.14(b) of the Department's regulations]

When information provided by a referral source which is not part of the PSA service delivery network is accepted as a PSA referral, the referral source must be informed orally or in writing within 15 calendar days of the completion of the PSA assessment (DSS-3602B or DSS-3602C) that the district will or will not be providing services to the client. The information provided to the referral source must not specify the nature of services that will or will not be provided to the client.

When information provided by a referral source which is not part of the PSA service delivery network is not accepted as a PSA referral, the referral source must be informed orally in writing within 15 calendar days of the decision that the district will or will not be providing services to the client. The information provided to the referral source must not specify the nature of services that will or will not be provided to the client.

- c. Nature of Information to be Provided to Referral Sources [Section 457.14(c) of the Department's regulations]

The oral or written information provided to referral sources regarding a client's case status in accordance with the above requirements must include the name and telephone number of a supervisor to whom any further discussion regarding the referral can be directed.

- d. Documentation of Information Provided to Referral Sources [Section 457.14(d) of the Department's regulations]

All oral or written information provided to referral sources in accordance with the above requirements must be documented in the case record as follows. When oral notification is provided to a referral source, an appropriate entry must be made in the progress notes. For cases in which a referral source is informed of a person's case status in writing, a copy of the letter to the referral source must be filed in the case record.

- e. Limitations on Disclosure of Information to Referral Sources [Section 457.14(e) of the Department's regulations]

In disclosing information about a PSA applicant or recipient to referral sources, other than the applicant's authorized representative, care must be given not to divulge any information that would breach the privacy of, or otherwise cause harm to the applicant. Therefore, any disclosure of information to referral sources which is beyond the scope of the required information set forth above in paragraphs a, b and c, must be consistent with the requirements governing client record

confidentiality which are found in Part 357 of the Department's regulations. Also, please refer to 92 INF-26, entitled "Protective Services for Adults: Confidentiality/Information Sharing With Regard to Protective Services (PSA) Clients" for further guidance on this matter.

C. Forms and Record Keeping

1. PSA Intake Disposition (DSS-3602A)

A PSA Intake Disposition (DSS-3602A which replaces the DSS-3831) must be completed for each PSA referral received by a district and for every adult accepted by a district for an assessment for another Title XX service, unless otherwise indicated below. An Intake Disposition also must be completed on each occasion in which a specific request on behalf of an adult for PSA or another Title XX service is screened out by district staff at intake and an assessment is not conducted. The Intake Disposition must be signed and dated by the intake caseworker and supervisor. The supervisor's signature signifies the supervisor's approval of the intake determination. A copy of the DSS-3602A is included as Attachment A.

Intake Dispositions are not required to be completed for requests for Information and Referral Services, or for requests for non Title XX services, if no specific request is made on behalf of an adult for PSA or another Title XX service, and if eligibility for PSA or another Title XX service can be clearly ruled out. An Intake Disposition is not required to be completed if a specific request for PSA or another Title XX service is withdrawn by the person making the request and if the adult for whom the request is being made is clearly ineligible for PSA or another Title XX service.

If a referral is received on behalf of an adult for whom there is an active or pending PSA case, an Intake Disposition is not required to be completed. In these cases, the intake worker must transmit a written summary of the contact to the supervisor of the unit handling the case if the intake worker is unable to transfer the call to the assigned caseworker or supervisor. As indicated above, cases which are being reclassified to PSA from other adult services categories do not require a PSA Intake Disposition.

Districts may utilize local forms in lieu of Intake Dispositions (DSS-3602A) to screen requests for Residential Placement Services for Adults. Requests for Residential Placement Services for Adults which are recorded on local forms must be filed in accordance with the Referral Record requirements discussed in section IV.C.3. and must be entered on appropriate Referral Logs as discussed in section IV.C.4 of this directive.

2. PSA Assessment/Services Plan (DSS-3602B)

The PSA Assessment/Services Plan (DSS-3602B) has been revised to more clearly document the intake process and to eliminate duplicative information related to intake. Section I of the DSS-3602B pertains to the initial home visit and should be completed as

soon as possible after the home visit is conducted to accurately reflect the results of the visit. The remainder of the DSS-3602B is to be completed by the caseworker who completes the PSA assessment. The DSS-3602B must be signed and dated by the caseworker and a supervisor by the end of the 30th calendar day following the day on which the referral was initially received as required by Section 457.2(b) of the Department's regulations. A copy of the revised DSS-3602B is included as Attachment B.

A PSA Assessment/Services Plan (DSS-3602B) must be completed for every case which is opened for PSA. A shortened Determination of PSA Ineligibility (DSS-3602C) may be used to document an adult's ineligibility for PSA if, within the 30 day PSA Assessment period, it becomes clear that the adult is ineligible for PSA. It is strongly recommended that a PSA Assessment/Services Plan (DSS-3602B) be completed if PSA eligibility cannot be clearly ruled out following the initial stage of the PSA assessment process.

If a DSS-3602C is used to document an adult's ineligibility for PSA, clear and concrete supporting documentation of the adult's ineligibility for PSA must be provided in the progress notes. A copy of the 3602C is included as Attachment C.

The following guidelines must be observed in documenting an adult's ineligibility for PSA:

- a. Specific information must be provided which supports the ineligibility determination. Examples:

"The client was hospitalized on (date) and is not expected to return home."

"All of the client's needs are being met by her son and there is no evidence that she is at risk of any serious harm."

"(Name of agency) is involved and indicates that it is currently able to meet all of the client's services needs".

- b. The date the information was obtained and the manner in which it was obtained (direct observation, telephone call to a collateral source, interview with a collateral source, letter from a collateral source, other document, etc.) must be indicated.
- c. The source of any collateral supporting documentation must be identified by name, agency (or relationship to client), title and telephone number.
- d. The credibility of the source must be clear. (A doctor who has not seen the adult for 5 years or an allegedly abusive relative would not be credible sources.)

The DSS-3603 (PSA Assessment/Services Plan/Review/Update) also has been revised to achieve consistency with the DSS-3602B. A copy of the revised DSS-3603 is included as Attachment D.

3. Referral Record

A referral record must be maintained for every case for which an Intake Disposition is required to be completed in accordance with Subsection 1., above. The following material must be maintained in the referral record:

- a. If a case is rejected at intake, the referral record must include: a signed and dated Intake Disposition (DSS-3602A), progress notes documenting all significant communications with the client and collateral sources and copies of all other documents which are relevant to the intake determination.
- b. If a case is accepted as a PSA referral and subsequently determined to be ineligible for PSA and other Title XX services, the referral record must include: a signed and dated Intake Disposition (DSS-3602A), a signed and dated PSA Assessment/Services Plan (DSS-3602B) or (DSS 3602C), and progress notes documenting all significant communications with the client and collateral sources, and copies of all other documents relevant to the intake and eligibility determinations.
- c. If a case is opened for PSA or another Title XX Service, the referral record must include a signed and dated Intake Disposition (DSS-3602A). A copy of the Intake Disposition, a signed and dated PSA Assessment/Services Plan (DSS-3602B) or (DSS-3602C), the intake worker's progress notes and any other documentation related to the case is to be filed in the services case record.

Referral records may be maintained in any manner which is convenient for the district, as long they contain the required information, are readily accessible for review by State staff and are consistent with the information recorded on the Referral Log. However, it is recommended that referral records be maintained in alphabetical client files so that intake staff will have ready access to a referral history for each client, including a record of referral dispositions.

4. Referral Log

A Referral Log of all requests for Title XX services for adults must be completed in each appropriate local district unit. As indicated above, a request for services includes any information presented by a referral source which indicates that a referred adult may be in need of a Title XX service. Referral Logs may be completed on a daily, weekly or monthly basis, depending on the volume of service requests received by the district. Service requests must be consecutively numbered in the order in which they are received. Each case which is determined to be a PSA referral must be designated as PROT 16A or PROT 16B on the Referral Log in accordance with the reporting requirements described in Subsection 5 below. The number of PROT 16A and PROT 16B referrals received should be tallied and the total number of referrals should be recorded on the Referral Log. These totals should be utilized in reporting the

number of PROT 16A and PROT 16B instances as discussed in Subsection 5.

Referral Logs must be signed and dated, at least on a monthly basis, by the supervisor responsible for the intake unit, thereby attesting to its accuracy. Referral Logs must be maintained in a chronological file for six years in accordance with the standards governing general business records. Referral Log files and referral records must be available at all times for inspection by the Department. A copy of a model Referral Log is included as Attachment G. Districts may utilize a locally developed form in lieu of the model Referral Log if all of the elements contained in the model Referral Log are included in the local form.

5. Reporting Time Spent on PSA Intake and Assessment (Prior to Case Opening)

All caseworker time spent on the intake, investigation and assessment components of PSA shall be reported into the SSRR system with the exception of New York City. This includes all time spent prior to the completion of an application authorizing the provision of PSA, and time spent determining the need for an application authorizing the provision of PSA. All PSA time is to be reported aggregately, in accordance with local policy, but in any case no less than monthly.

New York City must develop a uniform parallel system which incorporates the reporting elements set forth below. New York City must aggregate this information in quarterly reports which must be submitted to the Office of Housing and Adult Services by the Adult Services Agency of the New York City Human Resources Administration (HRA) in a form acceptable to the Office of Housing and Adult Services.

SSRR time reported as PROT 16 must now include a suffix code of A or B, as follows:

PROT 16A (Abuse, Neglect or Exploitation by Others) if the initial referral report contains any allegation or other evidence of current abuse, neglect or exploitation of the adult by another person or persons; or

PROT 16B (Self Neglect Only) if the initial referral contains no allegation or other evidence of current abuse, neglect or exploitation of the adult by another person or persons.

Caseworkers must record this time on the Services Activity Log or local equivalent, identifying PROT 16A or PROT 16B in the case number field. In addition to recording their time, caseworkers must report their PROT 16A and PROT 16B instances. An instance is recorded for each new PSA referral received since the last reporting period. It is to be emphasized that only one instance is to be reported for each new PSA referral received during a reporting period. If additional time is to be reported on a referral for which an instance already has been reported, the instances shall be

reported as "0" on the Services Activity Log. This record will enable the Department and the district to obtain an unduplicated count of PSA referrals received during the reporting period.

Data entry procedures for entering this time are the same as those that apply to processing Information and Referral, Pre-Indicated Protective Children, and Homefinding. The data entry operator accesses and enters data under Function 8 on the SSRR menu.

6. Reporting PSA Time on Open Cases

Cases which are opened for PSA under service 16 must be designated as either 16A (Abuse, Neglect or Exploitation by Others) or 16B (Self Neglect Only). This designation is to be determined by whether "Abuse, Neglect or Exploitation by Another Person(s)" is identified as a problem in the PSA Assessment. Therefore, a case designated as PROT 16B at intake would be opened under code 16A if abuse was identified as a problem in the assessment but was not reported at intake. If abuse was reported at intake, but was not indicated in the assessment, the case must be coded 16B. The coding also should be reviewed each time a DSS-3603 (PSA Services Plan Update) is completed. If there is any question regarding the presence of abuse, neglect or exploitation by other(s) and it cannot be ruled out, the case must be coded 16A. The classification of a case as 16A or 16B will automatically impact the related sub codes (90-94) in WMS. It will not be necessary to enter a suffix with a sub code in WMS.

All districts, with the exception of New York City, shall continue to report direct service time spent on the delivery of services to authorized PSA clients as follows:

Code 90: Time spent arranging for appropriate alternative living arrangements in the community or in an institution.

Code 91: Time spent arranging for appropriate emergency room and board which is being provided for up to 30 days with Title XX funds as an integral but subordinate part of a PSA plan.

Code 92: Time spent assisting the client in the location of social services, medical services, mental health services, legal services and any time spent providing advocacy or other assistance to assure the client's receipt of appropriate benefits and services.

Code 93: Time spent arranging for guardianship, representative payee, protective payee, STIPSO, Access Order or any other involuntary intervention.

Code 94: Time spent acting as a conservator, committee, guardian, representative payee or protective payee.

Code 11P: Time spent in the provision of homemaker services as an integral but subordinate part of a PSA plan.

Code 12P: Time spent in the provision of housekeeper/chore services as an integral but subordinate part of a PSA plan.

Code 16A: Time spent in the provision of other PSA services which are not defined above to victims of abuse, neglect or exploitation.

Code 16B: Time spent in the provision of other PSA services which are not defined above to victims of self neglect only.

PSA caseworkers will record the time aggregately as determined by local policy, but in any case no less than monthly.

All referrals and PSA case openings must be coded in accordance with the reporting requirements set forth above. All active PSA cases must be reviewed against the reporting requirements above at the next PSA Review/Update. At this time, cases that are incorrectly coded must be re-coded appropriately.

V. SYSTEMS IMPLICATIONS

All systems implications are discussed above in the Reporting and Record Keeping subsection of the Required Action section.

VI. ADDITIONAL INFORMATION

Districts are reminded that progress notes must be maintained in the case record, in accordance with the provisions of 91 ADM-10, for all cases for which a PSA referral has been received. If a case is not opened as PSA, the intake progress notes must be maintained as set forth in Section IV.C.3. above.

VII. EFFECTIVE DATE

The provisions of this release are effective September 1, 1993.

Frank Puig
Deputy Commissioner
Division of Services and
Community Development

ATTACHMENT E

Model Cover Letter for Client Eligibility Notice

Dear:

The purpose of this letter is to tell you that we have found you to be eligible for Protective Services for Adults (PSA). We have made this decision as a result of my visit to your home and my understanding of your current situation based on my visit.

The law requires us to review applications from persons who wish to apply for PSA or applications submitted by their authorized representatives. We also are required to review referrals made by other persons in the community on behalf of persons who they believe are in need of PSA.

The goal of PSA will be to work with you and to provide you with the services that you need. You will continue to be eligible for PSA for as long as you continue to require assistance or until someone else is willing and able to assume responsibility for meeting your needs.

As a recipient of PSA, you have a right to accept or reject any services which are offered to you. We will try to work with you to develop a plan which is most acceptable to you. If you decide to reject services, there are certain situations in which we must seek the authority to provide services to you, even though it is against your wishes. Whenever possible, our goal will be to maintain you in your own home with services, if that is what you want.

The enclosed Notice of PSA Eligibility gives the reasons for our decision and provides additional information about your rights as a PSA recipient.

If you have any questions about this letter or need any additional help, please call me or my Supervisor. Our telephone numbers are listed below.

Sincerely,

PSA Caseworker

PSA Supervisor

Enclosure

ATTACHMENT F

Model Cover Letter for Client Ineligibility Notice

Dear:

As you know, we recently visited you to determine whether or not you are in need of Protective Services for Adults (PSA). The law requires us to review all applications for PSA from adults or their authorized representatives. We also are required to review all referrals made by other persons in the community on behalf of persons who they believe are in need of PSA.

In order to be eligible for PSA, you must meet each of three conditions listed below:

- o Have a physical or mental disability,
- o Require assistance from others to protect yourself from harm, and
- o Have no one else who is willing and able to provide you with the help that you need.

Based on our review of your situation, we believe that you do not currently meet these conditions and are not eligible for PSA. The enclosed Official Notice of Ineligibility explains the reasons for our decision. The Notice of Ineligibility also tells you how you may have the decision reviewed if you believe that it is wrong.

If you have any questions about this letter or the Official Notice of Ineligibility, or if you need any additional help, please call me or my Supervisor at .

Sincerely,

PSA Caseworker

PSA Supervisor

Enclosure

ATTACHMENT G: Model PSA Referral Log

PSA REFERRAL LOG

Month of _____, 19____

Page _____ of _____

| Date | Ref. No. | Case Name | Disposition | | | Assigned To | Coding PROT 16 A or B |
|------|----------|-----------|---------------------------|----------------------------------|--------------------------|-------------|--------------------------------|
| | | | PSA Invest- igation | Assessed for Other Service | Rejected at Intake | | |
| | | | [] | [] | [] | | |
| | | | [] | [] | [] | | |
| | | | [] | [] | [] | | |
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| |
|----------------------------------|
| Total PROT 16A (instances) _____ |
| Total PROT 16B (instances) _____ |

Signature of intake supervisor: _____ Date: ___/___/___