

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 89 LCM-108

Date: July 3, 1989

Division: Adult Services

TO: Local District Commissioners

SUBJECT: The Provision of Financial Management Services to Intensive
Case Management Clients

ATTACHMENTS: There are no attachments to this Memorandum.

In recent weeks, a number of districts have inquired about whether or not they are responsible for providing financial management services to clients who are being served by the Office of Mental Health's Intensive Case Management (ICM) program as part of their mandate to provide Protective Services for Adults (PSA), pursuant to Section 473 of the Social Services Law (SSL).

It is the Department's position that since the ICM program is a publicly funded program which is responsible for providing case management and other appropriate services to the mentally impaired population it serves, the districts are not legally responsible for the provision of financial management services to ICM clients. Please share this information with your appropriate services and legal staff so they will be aware of the Department's position on this issue.

If you or your staff have any questions, please contact your district's adult services representative as follows:

Irvin Abelman, 1-800-342-3715, ext. 432-2980 or (212) 804-1247
Kathleen Crowe, 1-800-342-3715, ext. 432-2996
Cheryl Flanigan, 1-800-342-3715, ext. 432-2997
Sharon Lane, 1-800-342-3715, ext. 432-2985
Marsha Ross Meyers, 1-800-342-3715, ext. 432-2864

Sincerely,

Judith Berek
Deputy Commissioner



NEW YORK STATE
OFFICE OF MENTAL HEALTH

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44 Holland Avenue, Albany, New York 12229

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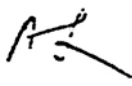
RICHARD C. SURLES, Ph.D., Commissioner

OMH Regional Office
Central New York

OPERATIONS DIVISION
ALICE P. LIN, ACSW, DSW, Senior Deputy
Commissioner

M E M O R A N D U M

TO: Regional Directors
Facility Directors

FROM: Alice Lin, ACSW, DSW 
Senior Deputy Commissioner

SUBJECT: Intensive Case Management (ICM) Representative Payees

DATE: April 27, 1990

The purpose of this memorandum is to provide to the regions clarification and directions for follow-up. We have reached resolution with the Department of Social Services (DSS) on the Representative Payee issue (see attached joint commissioner's memo).

All adult ICM clients may be referred to a local social services districts (LSSD) for an assessment for the need for protective Services. However, the Protective Services statute and regulations requires districts to provide Adult Protective Services (APS) in cases where the client has no one available who is willing and able to assist them. Services available through protective services include but are not limited to counseling; arranging for appropriate traditional living arrangements; assisting in location of social services, medical care and other resources in the community; providing advocacy and assistance in arranging for legal services to assure receipt of entitlements; etc.

Given the overlap between the services provided through ICM and APS, a requested assessment by the LSSD for APS will in all likelihood result in a negative determination. Such a determination will be based in DSS's interpretation of their regulations that the intensive case manager is available, willing and able to assist the client in all areas that would otherwise be provided through APS.

Although DSS provides a protective payee function under APS, and it can be argued that ICM does not, DSS claims that individual services cannot be offered under APS. That is, the representative payee function cannot be "unbundled" or provided outside an overall service plan. Despite this ruling, we have been assured by State DSS, that ICM clients currently receiving representative payee services through APS will continue to receive such services.

It is this agency's opinion that, given their handling of the service dollars and the conflict that might arise as to which source of funds should be used for a particular purchase, Intensive Case managers should not directly provide representative payee services. Consequently, the office of Mental Health has further decided that our ICMs will not act in such a capacity.

Each region needs to work with counties and State facilities to identify an alternative source for this service. Suggested sources are mental health associations, self-help and advocacy groups, local AMI chapters, etc.

Client service dollars are the appropriate source of funding for this purchased services. Funds should flow through the mechanisms established to move client service dollars.

We recognize that many ICM programs are small and located in rural areas. Finding appropriate providers of a representative payee service could prove difficult. Regions need to review this issue and develop a plan to move all ICMs out of representative payee roles by no later than December, 1990. The plan should include:

1. Identification of ICMs who are providing representative payee services and the counties where they are employed.
2. The number of clients currently receiving representative payee services by those identified ICMs.
3. A list of voluntary or not-for-profit agencies that would be available for purchasing representative payee services.
4. Any particular problem areas that re anticipated, such as lack of available resources from which to purchase the service.