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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 96 ADM-18

TO: Commissioners of
 Social Services

DIVISION: Services &
 Community
 Development

DATE: October 3, 1996

SUBJECT: Protective Services for Adults: Revised Process Standards

 SUGGESTED

DISTRIBUTION: | Directors of Services
 | Adult Services Staff
 | County and Agency Attorneys
 | Staff Development Coordinators

CONTACT

PERSON: | Any questions concerning this release should be
 | directed to the district's Adult Services
 | Representative as follows:
 | Kathleen Crowe, (518) 432-2985 or User ID ROF017
 | Carole Fox, (518) 432-2864 or User ID AX5050
 | Michael Monahan, (518) 432-2667 or User ID AY3860

ATTACHMENTS: | Revisions to Part 457 of the Department's Regulations
 | (Not available on line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-22 94 ADM-4 93 ADM-23 95 INF-38	94 ADM-4	457	Article 9-B		96 LCM-49 DSS-3602A DSS-3602B DSS-3602C DSS-3603

I. PURPOSE

The purpose of this directive is to advise social services districts of the revised Process Standards for the Protective Services for Adults (PSA) Program. The revised standards apply to all PSA case activity on or after May 31, 1996.

II. BACKGROUND

The original PSA Process Standards were developed by the Department in collaboration with a committee of social services district representatives and became effective on April 1, 1985. The Process Standards were revised in 1991 and again in 1994 as a result of revisions to Part 457 of the Department's regulations. The Process Standards are again being revised to reflect amendments to Part 457 of the Department's regulations, which became effective on May 31, 1996. As indicated in 96 LCM-49, copies of the revised regulations were sent to social services districts on April 12, 1996.

III. PROGRAM IMPLICATIONS

The revised PSA regulations and the provisions of this directive provide easements to the social services districts in the following areas:

- The maximum time frame for the completion of a PSA assessment/services plan has been increased from 30 to 60 days after the date a referral is received.
- Services plan updates are now required six calendar months following the referral date and every six calendar months thereafter. Previously, services plan updates were required four and seven calendar months following the referral date and every six months thereafter.
- For some PSA clients living in the community, the minimum frequency of home visits has been reduced from at least once every calendar month to at least once every three calendar months with face to face client contact required in the calendar months in which home visits are not made. A home visit at least once every calendar month continues to be required for PSA clients under the following circumstances:

1. when abuse, neglect or exploitation by another person is

suspected or documented; or

2. when environmental conditions exist in the home which are a threat to the health and safety of the client; or
 3. when a client is homebound or when there is no other way to have face to face contact with the client without making a home visit.
- ° Requirements for visits to PSA clients who are permanent residents of residential care facilities, including Family Type Homes for Adults, have been eliminated. The required frequency for telephone contact with residential care facilities to monitor the condition of PSA clients has been reduced from at least monthly to at least once every three months.
 - ° The requirement that districts have written procedures, subject to Department approval, for the provision of services to involuntary clients has been eliminated.

IV. REQUIRED ACTION

A. Response to Referrals

Section 457.1(c)(2) of the Department's regulations requires a prompt response and investigation of PSA referrals. Districts must commence an investigation as soon as possible, but not later than 24 hours, after receipt of a PSA referral when it is determined that a life threatening situation exists. If a life threatening situation does not exist, an investigation must be commenced within 72 hours of the referral and a visit must be made to the client within three working days of the referral.

A PSA 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.

It is the district's responsibility to determine whether a life threatening situation exists at the time the referral is made. If district staff cannot determine whether a life threatening situation exists at time of the referral, the situation must be treated as life threatening and immediate action must be taken.

For more detailed information on responding to referrals, including the use of the DSS-3602A (PSA Intake Disposition), please consult 93 ADM-23, "Protective Services for Adults: Intake".

B. PSA Assessment/Services Plan

Section 457.2(b)(4) of the Department's regulations requires the completion of a PSA Assessment/Services Plan (DSS-3602B) for each PSA client. The PSA Assessment/Services Plan must be completed and signed within 60 days of the date of referral. For PSA cases which will not receive service beyond the assessment period, districts have the option of completing the DSS-3602C (Determination of PSA Ineligibility) in lieu of the DSS-3602B. This form also must be completed within 60 days of the date of referral. The date of completion is determined by the date of the supervisor's signature on these forms. Please consult 93 ADM-23 for more information on the completion of these forms.

The increase in the assessment period, from a maximum of 30 to 60 days, places greater responsibility on PSA caseworkers and supervisors to promptly identify and address emergent client needs during the assessment period. As stated in Section 457.(2)(b)(4)(ii) of the Department's regulations, the services needs of individuals who are being assessed for PSA must be addressed promptly and appropriately regardless of the date the PSA assessment/services plan is completed. Accordingly, potential health risks, environmental hazards or suspected acts of abuse, financial exploitation and neglect of clients by other persons must be promptly and aggressively investigated and addressed. Decisive action also must be taken during the assessment period to promptly address unmet basic client needs for food, clothing, shelter, medical treatment and homecare.

C. PSA Assessment/Services Plan Review/Update

In accordance with the revisions to Section 457.2(b)(5) of the Department's regulations, the PSA Assessment/Services Plan Update (DSS-3603) must be reviewed and updated as often as necessary to ensure that the services provided continue to be necessary and appropriate, but, at a minimum, within six calendar months from the date of referral and every six calendar months thereafter. The date of completion of the PSA Assessment/Services Plan Review/Update is determined by the date of the supervisor's signature. In addition, a DSS-3603 must be completed when a PSA case is transferred or closed, except when a closing is due to a client's death. For more information on the completion of the DSS-3603, please consult 93 ADM-23.

D. Progress Notes

Section 457.2(c) of the regulations requires that progress notes be maintained as part of the client record as prescribed by the Department. Requirements for the completion of PSA progress notes are discussed below.

1. Definition

Progress notes are concise case record entries which provide a chronological overview of important activities and events regarding a PSA case. The activities and events recorded in the progress notes should provide an up-to-date description of activities undertaken by the caseworker to complete the client's assessment, service plan and subsequent reviews. They should include any other pertinent information concerning a case which is not recorded elsewhere or which is referred to in the record but needs to be expanded upon.

2. Recording, Content and Utilization

a. Progress notes begin at the time a PSA referral is received. Progress notes must be recorded as soon as possible, but within 30 days of the occurrence of the event or receipt of the information which is to be recorded. Progress notes may be handwritten or typed; however, handwritten notes must be legible to anyone reading the case record. Progress notes must include the date of the event, the date the entry was made, and the name or initials of the person making the entry. Examples of the type of information to be recorded include but are not limited to:

- (1) information obtained at the time of referral;
- (2) information concerning the provision of emergency services if appropriate;
- (3) activities related to collecting information from other agencies and individuals which is needed to formulate the PSA Assessment/Services Plan and subsequent reviews;
- (4) action taken to implement the Service Plan;
- (5) contacts with the client;
- (6) contacts with other agencies or divisions/units of the local social services district;
- (7) contacts with other collaterals (e.g. relatives, friends, neighbors, landlord); and
- (8) significant events which result in new service needs or affect service provision.

b. Since progress notes may be used to support legal proceedings to secure protective services, progress notes should be factual and void of ambiguous or opinionated statements, unless clearly stated that the information is opinion. Progress notes made following contacts with the client must include the caseworker's observations regarding the client's mental and physical condition; a description of the client's social and environmental setting and his/her ability to function in that setting; any specific behaviors which may

indicate a need for PSA; and the client's attitude about accepting or refusing services which are offered. Some of the specific behaviors which may indicate a need for protective services include instances in which the client:

- (1) is so forgetful or otherwise mentally disorganized as to neglect activities of daily living;
- (2) neglects his/her personal hygiene and/or refuses to eat, and/or is ill and refuses to receive medical care;
- (3) is inappropriately dressed, i.e. not dressed for protection in cold weather or wearing winter clothing in extreme heat;
- (4) is oblivious of, or refuses to correct or leave unsanitary or hazardous living conditions, or creates situations hazardous to self or others;
- (5) gives money or possessions away; spends or hoards money and goes without essentials; constantly loses checks or money, keys, food stamps; does not open mail; fails to pay rent or other bills;
- (6) is unaware or too incapacitated to protect self from abuse, neglect or exploitation (financial, physical, psychological or sexual);
- (7) isolates self, locks or barricades self in home;
- (8) over or under medicates or attempts suicide or otherwise causes self injury; acts bizarrely, hallucinates or is disoriented as to person, time and place; wanders off; or
- (9) causes injury to others or repeatedly causes disturbances in the community.

c. As noted above, progress notes must include a record of contacts with other divisions/units of the local social services district or other agencies. All requests for assessments, benefits and/or services for a PSA client as well as conferences, consultations and conversations with staff of other divisions/units or agencies must be documented in the progress notes. This documentation must at a minimum include:

- (1) name of the person contacted and the agency or division/unit they represent;
- (2) date and type of contact;
- (3) the issues discussed during the contact; and
- (4) agreements or understandings reached during the contact.

d. In addition, each district must have a procedure to follow if another division/unit of the local social services district or another agency does not respond to a request for an assessment, services, benefits or another inquiry concerning the delivery of services to a PSA client. This procedure must include provisions for reasonable follow up efforts by PSA workers, and their supervisors with their counterparts in other

divisions/units or agencies. All follow up contacts by workers and their supervisors must be documented in the progress notes as described above. If these follow up efforts are not successful, supervisors must advise their local commissioner or designee of the situation.

E. Required Client Contacts

Section 457.5(b) of the regulations sets forth the standards regarding required contacts with PSA clients. PSA staff must maintain regular contacts with PSA clients as frequently as necessary to assure that the services needs of the individual are adequately met.

The purpose of these client contacts is:

1. to determine what progress has been made towards achieving the services plan;
2. to identify and assess any problems that may be present that affect achieving the services plan or threaten the client's safety or well being; and
3. to determine what adjustments, if any, need to be made in the services plan or in the tasks associated with the implementation of the services plan.

The frequency of contacts to a PSA client depends on:

1. the specific circumstances of the individual's situation;
2. the ability and willingness of family members, friends and neighbors to assist the individual; and
3. the involvement of other agencies in the provision of services to the individual.

The frequency and type of client contact is determined by the worker in consultation with the PSA supervisor as a part of the PSA assessment process.

At a minimum, face to face contacts must be maintained with all PSA clients every calendar month. All PSA clients also must be visited in their homes at least once every three calendar months. Face to face contact can occur in the office, in a client's day program, in a senior center, or in any other setting. Every effort should be made to arrange for client contacts in locations that best meet the needs of the clients. However, PSA clients who meet any of the following three criteria must be visited in their home at least once every calendar month:

1. The client is a suspected or documented victim of abuse, neglect or exploitation by another person: If there is a reasonable suspicion or specific evidence that the client is a victim of physical abuse, sexual abuse, psychological abuse, financial, or other material exploitation, active neglect or passive neglect by others, as defined in Section 473.6 of the Social Services Law and in 95 INF-38, a home visit is required at least once every calendar month.
2. Environmental conditions exist in the home which are a threat to the health and safety of the client: If a client's living conditions present health and/or safety risks, a home visit must be made at least once every calendar month. Health and safety risks include, but are not limited to; serious unsanitary conditions, fire hazards, and the lack of utilities and/or water.
3. when a client is homebound or when there is no other way to have face to face contact with the client without a home visit: If a client is unable, due to mental or physical impairments, or unwilling to leave home, or if a face to face contact cannot be arranged outside of the client's home, a home visit must be made at least once every calendar month.

Required home visits may be delegated to the professional casework or social work staff of another public or voluntary agency if all of the following conditions are met:

1. the case is stabilized;
2. the other agency agrees to submit written monthly status reports which become part of the client's case record;
3. the district evaluates the status reports submitted by the other agency; and
4. the local social services district caseworker visits the client within 72 hours of the receipt of the status report, if the report indicates that there has been a change in the client's circumstances.

The following client contact requirements pertain to PSA clients in certain types of facilities:

1. PSA clients who are permanent residents of residential care facilities do not need to be visited. PSA staff must maintain telephone contact with facility staff to monitor the client's condition at least once every three months.

As discussed in 89 ADM-22, "Residential Placement Services for Adults", there are situations in which PSA staff may have to take a more active role on behalf of a PSA client who is a resident of a FTHA. These situations include the inability of a FTHA operator to meet the needs of the resident or to protect the resident from abuse, neglect or exploitation by others outside of the home. In these situations, PSA staff must work with the district's Family Type Home Coordinator and take the necessary actions to protect the client and assure that his/her needs are met. In these situations, the type and frequency of contact with the client will be determined by the seriousness of the situation.

2. PSA clients who are hospitalized do not need to be visited. PSA staff must maintain monthly telephone contact with hospital discharge planning staff in order to monitor the client's condition and to plan for the discharge of the client to his/her home or another appropriate setting.
3. PSA clients who are incarcerated do not need to be visited. PSA staff must maintain monthly telephone contact with facility staff in order to monitor the client's condition and to plan for his/her release to the community.

The client contact requirements for persons in certain types of facilities, as presented above, do not supersede the provision contained in Section 81.20 of Mental Hygiene Law that requires guardians to visit persons for whom they are acting as guardian at least four times a year. Therefore, if a commissioner is acting as guardian for a PSA client in one of the aforementioned facilities, at least four visits must be made annually to the client in accordance with this requirement, or more often if required by the court order appointing the guardian.

In addition to contacts with clients, caseworkers must maintain regular communications with all persons involved in the care of their clients. These communications are essential to good case management, an important PSA function, and the delivery of quality services to PSA clients. While ideally, a case conference should be held and a joint case plan developed in all PSA cases in which other persons or agencies are involved in the client's care, such a blanket requirement is unrealistic. However, there should be regular, open and collaborative discussions of the client's case plan among all involved parties. Whenever possible, the client should be involved in these discussions.

To ensure that client contact requirements are met, diligent efforts must be made to schedule client contacts and visits at times and locations that will ensure their success. For example,

the caseworker should determine the days of the week and times of day that a client is most likely to be at home and schedule home visits accordingly. For other client contacts, caseworkers should determine the days and times of day when it is most feasible to schedule office visits with the client or to meet the client at an agreed upon location. If a scheduled home visit or other required contact cannot be made, it is expected that at least one additional attempt will be made to complete the required visit or contact unless unforeseen circumstances beyond the control of the district are present. If a second attempt to make a home visit or other required client contact is unsuccessful, the need for additional attempts to make the required visit or contact must be evaluated by the caseworker and supervisor based on the particulars of the case. If unforeseen circumstances, such as a client's failure to keep a previously arranged appointment(s) or weather conditions which make travel impossible, prevent the completion of a required home visit or other client contact, alternative measures must be made to verify the client's safety. Alternative verification measures include making telephone contact with the client if he/she can be expected to accurately report on his/her situation, or making personal or telephone contact with a reliable collateral source.

In situations in which there is a real danger of physical harm to a PSA worker that cannot be alleviated by sending an additional staff person on the visit or obtaining police assistance, an alternative arrangement must be made for client contact. The alternative arrangement must be approved by the supervisor.

In all cases in which a required client contact or visit cannot be completed due to the circumstances described above, the particulars of the situation, the diligent efforts made by the district to contact or visit the client and the alternative methods used to verify the client's safety must be reflected in the progress notes.

F. Services Plan Implementation

Sections 457.5 and 457.6 of the Department's regulations require districts to provide services to meet the individual needs of PSA clients, including arranging for appropriate involuntary legal interventions. Accordingly, PSA staff must complete necessary tasks and take timely action to obtain or provide services that are proposed in PSA Assessment/Services Plans and Review/Updates. PSA workers must take concrete actions to obtain proposed services within the timeframes established in the Services Plans and Plan Updates, unless the services plan is modified and a reasonable explanation is given for the

modification. Proposed services plan activities must be completed prior to the due date of the next Services Plan Review/Update unless a reasonable explanation is given in the case record why a proposed activity could not be completed. For additional information on the completion and implementation of Services Plans and Updates, please consult 93 ADM-23: "Protective Services For Adults (PSA): Intake".

V. ADDITIONAL INFORMATION

For administrative ease, it is recommended that PSA Assessment/Services Plan Reviews/Updates be coordinated with WMS-Services programmatic eligibility redeterminations.

VI. SYSTEMS IMPLICATIONS

None

VII. EFFECTIVE DATE

October 15, 1996

Rose M. Pandozy
Deputy Commissioner
Services and Community Development