

94 INF-12

Protective Services for Adults (PSA):
Questions and Answers from
Regional Meetings on
93 ADM 23: PSA Intake

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TRANSMITTAL: 94 INF-12

TO: Commissioners of
 Social Services

DIVISION: Services and
 Community
 Development

DATE: March 2, 1994

SUBJECT: Protective Services for Adults (PSA): Questions and
 Answers from Regional Meetings on 93 ADM-23: PSA
 Intake

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 as follows:
 Thomas Burton, (518) 432-2996-USER ID #: None
 Kathleen Crowe, (518) 432-2985-USER ID #: R0F017
 Michael Monahan, (518) 432-2667-USER ID#: AY3860
 Janet Morrissey, (518) 432-2864-USER ID#: OPM100 or
 Irvin Abelman at 1-800-554-5391 or (212) 383-1755-USER
 ID #: 0AM020

ATTACHMENTS: Model Referral Log

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-23		457	Article 9-B		

In September and October of 1993, Department staff conducted six regional technical assistance sessions on 93 ADM-23, "Protective Services for Adults: Intake". The purpose of this release is to provide additional clarification regarding the questions which were raised by local social services district staff during the technical assistance.

A general concern was raised during the technical assistance regarding the difficulty districts were having in achieving compliance with all of the new requirements contained in 93 ADM-23 by the September 1, 1993 effective date. Districts were informed that they were legally responsible for achieving compliance with all of the new requirements contained in the ADM by September 1, 1993, but that from an audit perspective they would not be liable for fiscal sanctions for the new requirements in 93 ADM-23 prior to January 1, 1994. In view of the extensive nature of the clarifications contained in this release, we are extending the audit compliance and fiscal sanctions date for the new requirements to April 1, 1994. Districts will, of course, be accountable for compliance with all other PSA requirements during the period prior to April 1, 1994.

Presented below are the questions that were raised by local staff during the technical assistance sessions and our responses to these questions:

I. INTAKE RESPONSE TO SERVICE REQUESTS

1. Question When can an intake worker screen out a request for services without taking any further action and what, if any, paperwork is required?

 : Service requests on behalf of adults who are clearly ineligible for PSA or other Title XX services may be screened out at the initial contact with Intake and no further action is required. A service request made on behalf of an adult may not be screened out at Intake if the referral source makes a specific request for PSA or another Title XX service or if eligibility for PSA or other Title XX services cannot be clearly ruled out during the initial conversation with the referral source. Screened out service requests are not required to be logged in on a Referral Log and an Intake Disposition (DSS-3602A) does not need to be completed. If the subject of a screened out service request appears to need other non-Title XX services, the Intake worker must make appropriate referrals to other units in the district or to other agencies in the community as specified in Section IV.B.2. of 93 ADM-23.

2. Question What are the possible dispositions for service requests which an intake worker initially determines to be potentially eligible for PSA or other Title XX services?

Response: As discussed in Section IV.C.1. of 93 ADM-23, service requests involving persons who are potentially eligible for PSA or other Title XX adult services (excluding Information and Referral Services) must be disposed of in one of the following ways, all of which must be logged in on a referral log and require the completion of a DSS-3602A:

- If PSA eligibility cannot be ruled out by the Intake worker, a home visit must be made and a PSA assessment initiated within three working days of the referral date (24 hours for a life threatening situation). The intake worker can follow-up with other collateral sources to clarify the person's eligibility or ineligibility for PSA within the 3 day/24 hour timeframes, but the home visit and assessment initiation timeframes still begin on the day the referral is received. If PSA eligibility cannot be clearly ruled out, Section III. A. of the DSS-3602A must be checked and completed to indicate that a PSA assessment will be initiated.
 - If PSA eligibility can be clearly ruled out during the aforementioned timeframes based on the information obtained from collateral sources, the service request would be rejected as a PSA referral. Section III. B. of the DSS-3602A must be checked to indicate the person's ineligibility for PSA.
 - Referrals accepted on behalf of adults who are clearly not eligible for PSA are to be considered as referrals for other Title XX services unless eligibility for these services can be clearly ruled out. Based on the outcome of the assessment, one of the following must be indicated in Section III. B. of the DSS-3602A: "other service to be provided by DSS"; "referred to another agency"; or "no service required". A DSS-3602A does not need to be completed for Information and Referral services.
3. Question: If credible information is given regarding a person's apparent need for PSA, but only vague information is given about the person's whereabouts, is this a referral and what action needs to be taken?

: Any information received by a PSA Intake Unit which indicates that a person may be in need of PSA is a PSA Referral. However, we recognize that if there is insufficient information about the whereabouts of the subject of a PSA referral, local district staff cannot make a home visit within the required time frames and commence a PSA assessment. In these situations, the intake worker must follow-up on any available information which may identify the person's current whereabouts. If these efforts are unsuccessful, the referral source and any collateral sources must be advised that as soon as the whereabouts of the person is known, a home visit will be made and PSA assessment conducted. These referrals should be pended until the referral source or someone else provides the necessary information. On the date that the location of the subject of the PSA referral is known, the referral

must be entered on the referral log, the 3602A must be completed and the time frames for making a home visit and commencing an assessment begin.

4. Question: What requests for Title XX services on behalf of adults must be screened against the PSA eligibility criteria?

Response: The intent of 93 ADM-23 is to assure that requests for services made on behalf of adults who may be eligible for PSA or for one of the other Title XX adult services are screened against the PSA eligibility criteria and properly assessed and served. In addition to PSA, the following are considered to be Title XX Adult Services; Health Related Services, Home Management Services, Housekeeper/Chore Services, Homemaker Services, Housing Improvement Services, Preventive Services for Adults and Residential Placement Services for Adults. Therefore, requests for services on behalf of adults who are potentially eligible for PSA or another Title XX adult service, as defined above, must be screened against the PSA eligibility criteria and require the completion of a DSS-3602A and other forms as appropriate and must be recorded on the Referral Log.

5. Question: If a referral source requests that his or her identity not be revealed, what should the referral source be told?

Response: Currently, Social Services Law makes no provision for withholding the name of a referral source if the client or the client's authorized representative makes a request for information contained in a PSA case record. If a referral source requests that his or her identity not be revealed, the referral source should be told that an effort will be made to protect his or her confidentiality, but a client or a client's authorized representative ultimately have a legal right to access case records.

II. FOLLOWING-UP ON PSA REFERRALS

1. Question: What if more than 3 working days are needed to conduct the initial PSA home visit? Is it acceptable to go beyond the 3 working day requirement if the referral source is the only one who can obtain access to the client, and if the referral source is not available until 4 or 5 days later?

Response: Section 457.1(c)(2) of the Department's regulations requires that an initial PSA home visit be conducted within 3 working days after receipt of a referral. A documented effort must be made to make a home visit within this timeframe. If local district staff cannot gain access to the client within 3 working days, they should document this in the case record and proceed in accordance with Section IV.B.3. of 93 ADM-23.

2. Question: If a case is being internally reclassified to PSA and a home visit has already been made to the client while the case was classified under the previous service category, can that visit be used as the initial PSA monthly visit?

Response: If a home visit was conducted prior to an internal reclassification, the visit may be considered as the initial PSA monthly visit if the PSA issues leading to the reclassification were identified and addressed during the visit. In order for the visit to qualify as the initial PSA monthly visit, this information must be documented in the progress notes for the visit.

III. SERVICES APPLICATIONS AND FAIR HEARINGS

1. Question: What is the difference between a PSA referral and an application for PSA?

Response: A PSA referral is defined as any written or verbal information communicated to a PSA intake unit which identifies a specific individual as apparently in need of PSA. A PSA referral must be responded to with a PSA assessment and home visit within the timeframes discussed above. PSA staff are not required to obtain a signed application for services (DSS-2921) until a determination is made that a client is eligible for PSA upon completion of a PSA Assessment/ Services Plan (DSS-3602B).

Anyone may apply for any service at any time, including PSA, on a DSS-2921. The application may be signed by the person requesting services, the person's authorized representative or any one else acting responsibly for the person. An application for services must be accepted by the district and a determination of eligibility must be made within 30 days in accordance with the Department's regulations. An application for PSA is considered a request for services, therefore, a DSS-3602A must be completed and the request must be responded to in accordance with the requirements contained in 93 ADM-23. If an applicant's eligibility for PSA can be clearly ruled out at intake based on the information provided by the applicant or the person submitting the application, the application may be rejected and a home visit and PSA assessment are not required. If a PSA application is rejected at intake, the person's ineligibility for PSA must be documented on a DSS-3602C (Determination of PSA Ineligibility). Please see Section IV.B.2. of 93 ADM-23. Also, as discussed in Section IV.B.4 of 93 ADM-23, the subject of an application for PSA (or other services) must be sent a notice of eligibility or ineligibility within 15 days of the district's decision. This notice must include a statement of the person's right to a fair hearing.

2. Question: Is the subject of a referral entitled to a fair hearing in the absence of a formal application for services on a DSS-2921?

: Yes. The subject of a PSA referral is entitled to a fair hearing even if a services application has not been made on his/her behalf. Accordingly, a notice of eligibility or ineligibility as discussed in Section IV.B.4 of 93 ADM-23, must be sent to any person on whose behalf a PSA referral is accepted and whose need for PSA is assessed in accordance with applicable requirements.

3. Question: Who may request a fair hearing?

Response: Only the subject of a PSA referral, the subject of an application for PSA or other services, recipients of services and their authorized representatives may request a fair hearing. Please see Section IV.B.4 of 93 ADM-23 for a definition of an authorized representative.

4. Question: When should a client sign a services application (DSS-2921) and what date goes on the application, the date of the referral or the date the client signs the form?

Response: A services application (DSS-2921) may be signed at any time, but no later than 30 days after the referral date. The DSS-2921 must be dated on the date the form was signed.

5. Question: Must a services application (DSS-2921) be completed even if a client who is referred by a third party is assessed and determined to be ineligible for PSA?

Response: No, it is only necessary to ask a client to sign a written services application after a client has been assessed and is determined to be eligible for PSA.

6. Question: Is a districts fiscal claiming ability compromised if a DSS-2921 is not completed for a client who is assessed and determined to be ineligible for PSA?

Response: PSA intake activity is claimed under the PROT 16 category, which does not require a determination of PSA eligibility. A signed DSS-2921, therefore, is not required to justify PROT 16 claiming.

IV. FORMS AND RECORD KEEPING

1. Question: If PSA eligibility is ruled out at intake, but an assessment is initiated for another Title XX adult service, must the client's eligibility or ineligibility for the other service be documented on a DSS-3602B or DSS-3602C?

Response: A PSA Assessment Services Plan (DSS-3602B) or a Determination of PSA Ineligibility (DSS-3602C) does not need to be completed to document a client's eligibility or ineligibility for a Title XX service other than PSA. The client's ineligibility for PSA must be documented on a DSS-3602A and Section III. B. of the DSS-3602A must indicate the other Title XX service(s) that the client will be assessed for or will receive. If the client will be receiving another Title XX service, a DSS-2943 (Individual Service Plan) is to be used to document the client's eligibility for the other service.

2. Question: Do all non-PSA adult services referrals have to be logged in on a PSA Referral Log?

Response: Section IV.C.4. of 93 ADM-23 requires that all requests for Title XX Services for adults be logged in on a Referral Log. Titling the model referral log included as Attachment G. in 93 ADM-23 as a "PSA Referral Log" has led to some confusion as to the need to include other services requests for adults on the log. We have developed a new model referral log entitled "PSA/Other Adult Services Referral Log" to address this concern. The new referral log also breaks down the dispositional categories to match the dispositional choices on the DSS-3602A and clarifies reporting of PROT 16A and PROT 16B instances. This will facilitate and enhance the ability of districts to provide uniform reports to the Department on intake activity. A copy of the new Referral Log is attached.

3. Question: Are both a caseworker's and supervisor's signature required on the DSS-3602A if the referral is taken by a supervisor?

Response: 93 ADM-23 requires both a caseworker's and supervisor's signature on a DSS-3602A. If a supervisor takes a referral, the supervisor is acting in both capacities and must either sign the form in both places or sign the form once and clearly indicate that he/she is acting as both the worker and the supervisor.

4. Question: What are the timeframes for the caseworker's and supervisor's signatures on the DSS-3602A?

Response: 93 ADM-23 contains no specific timeframes for the completion of the DSS-3602A, however, timely completion of the form is necessary in order to achieve compliance with the PSA regulatory requirements pertaining to a prompt response to PSA referrals. Section 457.1(c)(2) of the Department's regulations requires that a PSA investigation be commenced within 24 hours after receipt of a referral if a life threatening situation exists. A home visit must be made within three working days for all other referrals. A completed PSA Intake Disposition (DSS-3602A) is necessary in order to comply with these requirements, therefore, a DSS-3602A must be completed, signed and dated within 24 hours, if a life threatening situation exists, or within three working days, if a life threatening situation does not exist.

5. Question: Must duplicate DSS-3602As be maintained in a separate intake file for cases that are opened for PSA or other Title XX services?

Response: No, referral records may be consolidated with active case records and duplicate copies of DSS-3602As do not have to be maintained for active cases in a separate file. If referral records are consolidated with active case records, the consolidated records must contain the required Referral Record information for every referral entered on a Referral Log, the records must be readily accessible for State review, and the consolidated records also must be readily accessible to intake staff. Separate referral records must be maintained if the Intake staff do not have direct access to the PSA and other Title XX services case records.

6. Question: If more than one person in a household is being assessed for or is receiving PSA, are separate forms and case numbers required?

Response: Separate forms and case numbers are not required for cases in which more than one person in a household is being assessed for or is receiving PSA. Separate forms may be used to more clearly identify the PSA services needs for each household member. If a single form is used to document PSA eligibility, ineligibility or continuing PSA eligibility for more than one person in a household, all appropriate sections of the form must be completed and must clearly distinguish between each person who is being assessed for or who is in receipt of PSA.

7. Question: In entering "Tasks To Be Completed By The Caseworker" in the Service Plan sections of the DSS-3602B and DSS-3603, does at least one task need to be listed for each service selected from the menu of services, or can a task be general enough to cover more than one service?

Response: The "Tasks To Be Completed By The Caseworker" must describe what caseworker activities will be needed to obtain or to provide each service that is selected from the menu of services. A separate corresponding task is not required for each service if more than one service can be accomplished with a single task. If more than one service will be accomplished by one task, the services that will be addressed by the task must be clearly identified in the "Tasks To Be Completed By The Caseworker" section on the DSS-3602B or DSS-3603.

8. Question: In the Services Plan Update section of the DSS-3603 (page 4), caseworkers are instructed to strike through any service that has been discontinued since the last services plan or update. What is meant by the word discontinued?

Response: Since PSA, as case manager, must continue to oversee implementation of the service plan, including services provided by other agencies, continued PSA monitoring is required as long the client continues to receive the service. Therefore, a service may only be crossed out as discontinued if the service has been terminated because the client no longer needs that particular service. If a client is receiving a service which does not require any action by PSA staff, the "Tasks To Be Completed" section of the 3603 should indicate that the service is in place and no caseworker action is necessary.

9. Question: Please clarify the situations in which a referral record must be maintained for cases rejected for PSA at Intake.

: A referral record must be maintained for cases rejected at Intake in the following situations pursuant to Section IV.C.3.a. of 93 ADM-23:

- for cases which initially appear to be PSA referral, but are rejected within three working days of the referral date based on information obtained from collateral sources which clearly rules out potential eligibility for PSA;
- for cases rejected at Intake in which a referral source makes a specific request for PSA or another Title XX adult service;
- for cases rejected at Intake in which the client, his/her authorized representative or someone else makes an application for PSA or another Title XX service on behalf of the adult; and
- for cases involving an adult who is rejected at intake for PSA, but is accepted for assessment for a Title XX service other than Information and Referral.

10. Question: Can districts modify the forms if the content of the State's forms is maintained?

Response: Districts may, with prior Department approval, utilize local equivalent forms pursuant to Part 320 of the Department's regulations. Districts may obtain approval for a local equivalent if local items are added to the form or if other modifications are made that will not in any way eliminate information included on the State prescribed form.

V. CLIENT AND REFERRAL SOURCE NOTIFICATION

1. Question: Following a PSA assessment, if it is determined that a client is ineligible for PSA, but is eligible for another Title XX service, are two separate notices required?

Response: Notice is required to for each services eligibility decision made by a district in accordance with Section 404.1(f) of the Department's regulations. A separate notice is not required for each eligibility determination when more than one eligibility determination is made simultaneously. If more than one eligibility determination needs to be explained, such as when a client is determined to be ineligible for PSA, but eligible for another Title XX service, it is recommended that both explanations be included in a single client notice in order to reduce potential confusion to the client.

2. Question: If a PSA referral is made by a client's authorized representative, does a notice of eligibility/ineligibility need to be sent to both the client and the client's authorized representative?

Response: Section 404.1(f) of the Department's regulations requires that a formal notice be sent only to the client. As the referral source, the client's authorized representative is required to be informed orally or in writing regarding whether or not the district will be providing services to the client in accordance with Section 457.14 of the Department's regulations and Section IV.B.5. of 93 ADM-23.

3. Question: Is the referral source required to be informed if a case is screened out at intake?

Response: Referral sources are required to be informed orally or in writing any time a decision is made not to accept a case as a PSA referral in accordance with Section 457.14 of the Department's regulations.

4. Question: Can a district elect to withhold the required information from a referral source if there is reason to believe that providing information to the referral source would have a detrimental impact on the client?

Response: The required information set forth in Section 457.14 (a) and Section IV.B.5. of 93 ADM-23 must be provided to all referral sources. Given the limited content of this information, we do not believe that its disclosure can be detrimental to a client. Any other information shared with a referral source must be provided in accordance with 92 INF-26 and Part 357 of the Department's regulations, as discussed in Section IV.B.5. of 93 ADM-23.

VI. REPORTING TIME (SSRR)

1. Question: What is the relationship between the PSA Referral Log and each individual caseworker's SSRR Log. The ADM indicates that the referral log totals should be used in conjunction with SSRR reporting. Does that mean each worker should maintain their own PSA Referral Log?

Response: No, only one PSA Referral Log should be maintained in each PSA Intake location. Each intake worker should continue to maintain their own SSRR log. In order to assure accuracy in SSRR reporting related to intake, the supervisor responsible for the PSA intake function should review the number of PROT 16A and PROT 16B referrals contained on the PSA Referral Logs against the number of PROT 16A and PROT 16B instances contained on the intake workers' SSRR logs. The number of PROT 16A and PROT 16B referrals contained on the PSA Referral Logs should equal the number of PROT 16A and PROT 16B instances reported to SSRR for any given period of time. Any discrepancies should be reconciled.

2. Question: How should SSRR time be reported on service requests which are not accepted as PSA referrals?

: Time spent on PSA intake activity on cases which are not accepted as PSA referrals should be coded as PROT 16B. Zero (0) instances should be reported on any time devoted to cases that do not result in PSA referrals. One and only one SSRR "instance" should be reported for every case that is accepted as a PSA referral. This reporting scheme will enable districts to obtain appropriate reimbursement for all activity related to the PSA intake function. It will also enable the Department to obtain accurate state wide data on the number of PSA referrals received by district.

Frank Puig
Deputy Commissioner
Division of Services and Community
Development

