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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 94 ADM-4

TO: Commissioners of
 Social Services

DIVISION: Services &
 Community
 Development

DATE: March 21, 1994

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:

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ATTACHMENTS: | None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-23	91 ADM-10	457	Article 9-B	194	DSS-3602B
91 ADM-10					DSS-3603
93 INF-36					
92 INF-26					

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.

II. BACKGROUND

The PSA Process Standards, which initially became effective on April 1, 1985, were developed by the Department, in conjunction with a committee which consisted of representatives from twelve social services districts. The Process Standards were revised in 1991 as a result of revisions to Part 457 of the Department's regulations, which further defined and clarified the Process Standards in the areas of assessments/services plans and updates, the recording of progress note entries and the monthly client visit requirement. Recent revisions to Part 457, which became effective on August 25, 1993 and which were transmitted to the districts by 93 INF-36, have necessitated additional changes to the Process Standards.

III. PROGRAM IMPLICATIONS

The revised PSA regulations and the provisions of this directive provide regulatory relief to the social services districts. The revisions eliminate one of the PSA service plan reviews previously required during the first year that a PSA case is open and eliminate the need to complete a PSA service plan review when a case is closed due to the death of a client. The revisions also eliminate the requirement for a written agreement when the mandated monthly PSA visit is delegated to another agency. The remaining requirements have not been changed.

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 made to the client within 3 working days of the referral.

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 taken. 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. For more detailed information on responding to referrals, 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 30 days of the referral. The date of completion is determined by the date of the supervisor's signature on the form prescribed by the Department. Information to be contained in the PSA Assessment/Services Plan and the related Intake Disposition (DSS-3602A) includes:

1. source of referral;
2. reason for referral;
3. household composition;
4. residence and living arrangements;
5. income and resources;
6. medical and mental limitations;
7. ability to manage resources;
8. identification of significant other persons such as family members and friends and their willingness and capability to assist the individual;
9. identification of other agencies involved with the individual;
10. assessment of problem(s) and needs and the names of agencies involved in the assessment;
11. client specific objective(s) to be achieved;
12. service(s) to be provided to obtain the objectives and name(s) of the agencies providing the services;
13. expected duration of the services;
14. frequency of contact with the client;
15. concurrence and acceptance of services by the applicant or a notation that the client is involuntary;
16. in the case of a client who cannot or will not sign the Application for Services (DSS-2921), documentation as to why the worker is signing the application on behalf of the clients, as described in Section 457.2a(2) of the Department's regulations;
17. frequency of review of the services plan;
18. progress evaluation at the time of review;
19. changes made in the clients services plan as a result of the periodic review;
20. signatures of worker and supervisor; and
21. such other information as the Department requires.

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 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 four and seven calendar months from the date of referral and every six calendar months thereafter. Also, a PSA Assessment/Services Plan Review/Update (DSS-3603) must be completed whenever a PSA case is closed or transferred to another service, except that a form need not be completed when a case is closed due to the client's death. The date of completion of the PSA Assessment/Services Plan Review/Update is determined by the supervisor's signature.

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. The progress notes must be recorded as soon as possible, but no later than 30 days from the date of the event. This will assure that progress note entries are made contemporaneously. Guidelines 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 within 30 days of the occurrence of the event or receiving 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 the collecting of 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 Department;
- (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 utilized if the decision is made to pursue legal 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 should 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 himself/herself 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 feeble to protect self from abuse, neglect or exploitation (financial, physical 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 department or other agencies. All requests for assessments, benefits and/or services for a PSA client as well as important conferences,

consultations and conversations with staff of other divisions/units or agencies shall be documented in the progress notes. This documentation shall 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 department 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. Monthly Home Visits

Section 457.5(b) of the regulations sets forth the standards regarding visits to PSA clients. PSA staff must make home visits to PSA clients as frequently as necessary to assure that the services needs of the individual are adequately met. The frequency of visits 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 PSA clients. The frequency of visits should be determined by the worker in consultation with the PSA supervisor as a part of the PSA assessment process. However, at a minimum, all persons identified as PSA clients must be visited in their homes at least once every calendar month.

Clients residing in settings considered "safe" environments need not be visited on a monthly basis. The following situations are exceptions to the monthly home visit requirement:

1. PSA clients who are permanent residents of residential care facilities, with the exception of Family Type Homes For Adults, must be visited, at a minimum, once every six months. These visits cannot be delegated to another agency. PSA staff must maintain monthly telephone contact with facility staff to monitor the client's condition;

2. PSA clients who are hospitalized need not be visited, but PSA staff must maintain monthly telephone contact with hospital discharge planning staff in order to monitor client's condition and to plan for the discharge of the client to his/her home or another appropriate setting; and
3. PSA clients who are incarcerated need not be visited, but 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 revisions to Section 457.5(2) of the regulations eliminates the need for a written agreement when the mandated monthly PSA home visit is delegated to another agency. The monthly home visit requirement 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.

V. ADDITIONAL INFORMATION

- A. In addition to documenting contacts with other agencies or divisions/units in the progress notes, districts should also consider what additional documentation, if any, they wish to maintain in the case records. Districts should be aware that questions have been raised regarding the sole reliance on progress notes in establishing accountability and responsibility, especially in situations involving clients with complex problems or unwilling, involuntary clients. At least one district has addressed this issue by establishing additional guidelines that advise workers to follow up informal interagency conversations with a letter confirming their understanding of the case and the services that the other agency or the district can or will provide. The guidelines further advise the caseworkers to retain a copy of all correspondence in the case record.
- B. While ideally, in all PSA cases with multi-agency service needs a case conference should be held and a joint case plan developed, such a blanket requirement is unrealistic. However, local districts should share pertinent information from the PSA Assessment/Services

Plan with other service providers which is necessary for the effective and efficient delivery of services. The issue of reciprocal information sharing should be addressed in any PSA interagency agreements signed by the district.

C. The standards set forth in Part 457 of the Department's Regulations and in this directive are the minimum standards all districts must comply with. Districts having more stringent standards in place are encouraged to maintain those standards.

D. The requirement that the PSA Assessment/Services Plan be reviewed and updated at least three times during the first year a case is opened does not effect programmatic eligibility redeterminations in WMS-Services, which are done on a semi-annual basis.

VI. SYSTEMS IMPLICATIONS

None

VII. EFFECTIVE DATE

April 1, 1994

Frank Puig
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Services and Community Development