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AGING TECHNICAL ASSISTANCE BULLETIN

SUBJECT: GUIDELINES FOR THE TERMINATION OF PROTECTIVE SERVICES

TO: COUNTY COMMISSIONERS
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PURPOSE: This ATAB was designed to highlight the regulatory requirements which apply to termination of protective services. It includes specific clinical guidelines to be considered during all phases of the process.

GUIDELINES FOR TERMINATION OF PROTECTIVE SERVICES

Act 79 provides some regulatory requirements that must be followed when terminating Protective Services. The purpose of this paper is to highlight those requirements while providing additional clinical guidelines to be followed when termination of protective services is being considered. The discussion of termination is broken into five (5) categories with at least two (2) subheadings for each category:

- A. CASE RESOLVED** For the purpose of this paper, Case Resolved will refer to any case where the risk has been totally eradicated.
 - 1. Transfer to Care Management
 - 2. No Ongoing AAA Services but the Client Remains in the Community
 - 3. Client Placed in a Long Term Care Facility

- B. CLIENT REFUSED SERVICES** For the purpose of this paper, Client Refused Services will refer to any case where a certain amount of risk remains because the client has refused to agree to a care plan that totally eradicates the risk.
 - 1. Client Refuses Protective Services
 - 2. Client Refuses Some Services in the Care Plan

- C. CLIENT (Active Case) MOVES TO ANOTHER COUNTY**
 - 1. Protective Service Referral
 - 2. Transfer of Information

- D. CLIENT (Active Case) MOVES TO ANOTHER STATE**
 - 1. Protective Service Referral
 - 2. Transfer of Information

- E. DEATH OF CLIENT**
 - 1. Nexus between death and need for protective services
 - 2. No relationship between death and need for protective services

Regulatory and clinical issues will be addressed for each category and subheading. There is also a more in depth discussion of the guidelines for two critical categories:

- o Transfer to Care Management
- o When a Client Refuses Protective Services

Clinical guidelines issued in this paper are based upon Act 79 and PDA regulations, as well as, casework principles and good casework practice. Case examples are used to further clarify specific aspects and issues.

A. CASE RESOLVED

1. Transfer to Care Management

Regulatory Issues: Act 79 provides that the agency shall terminate protective services when the older adult no longer fits the criteria as an older adult in need of protective services and, except when consent for services is withdrawn or not granted (which will be addressed in the next category), the agency may terminate protective services in one of the following ways:

- o By closing the case when no further service intervention is required by the client.
- o By closing the case when a court order for services has terminated and the client does not consent to further service intervention.
- o By transferring the client to the service management system of the area agency on aging.
- o By transferring the client to another appropriate agency.

The regulations stipulate that the agency inform the older adult, and if applicable, the responsible caretaker of its intent to terminate protective services and its rationale and attempt to secure a signed statement of understanding concerning the action. The case record is also to reflect the transfer of a client to another agency, the specific agency of referral and the acceptance of the referral by the other agency.

In arranging specific services to effect service plans, the agency may disclose to appropriate service providers information necessary to initiate the delivery of services.

A reassessment must be done before a protective service client's case is terminated.

Clinical Issues: Common courtesy and good clinical practice dictate that sufficient effort and time be given in the preparation of the termination of the professional relationship between a caseworker and client.

Sufficient effort and time must also be given to evaluate the goals of the care plan and to what extent they were met.

The protective service worker must calculate the level of risk (in relation to its reduction or elimination) as it pertains to the issue of whether the client meets the criteria of an older adult in need of protective service.

Sufficient (but allowable) information must be transferred to Care Management to support their effort in maintaining the already implemented care plan.

Specific Guidelines For Transfer To Care Management

As soon as the protective service worker begins considering termination of protective services, the client and significant others should be prepared for the eventual transfer. Although the nature of protective services is intense, time consuming and short term, appropriate individuals should be notified, in advance, that protective services will be terminated. It is important, as part of the professional relationship and for client self determination, that the client participate in this decision and be provided the right to appeal if he or she disagrees. Notification of the transfer to Care Management is a decision made after evaluating all aspects of the case including, but not limited to, the:

- o Assessment
- o Care Plan
- o Effectiveness of the Care Plan
- o Elimination of the Risk
- o Feasibility of the Transfer
- o Smooth Transition to Care Management

This entire effort must be clearly documented to support the action and to demonstrate the level of involvement of the client, significant others and the protective service worker.

Although Act 79 does not specifically require written notice of termination, many agencies use a standard termination notification form that outlines the reason for termination and has available space for the client to sign their name acknowledging an understanding of the rationale. If the agency does not use written notification, their effort to notify the client and attempt to obtain written acknowledgement must be documented in the case narrative section of the case file. This documentation requirement is implicit in section 15.2 (Definition of "case file") and section 15.96 of the regulations.

The protective service worker can and should be forwarding sufficient information to Care Management to assist in the development and completion of an ongoing Level I Care Plan. The Report of Need, Investigation Report Form, Case Narratives and sensitive correspondence is not allowed to be transferred. Copies of assessment forms (with sensitive information deleted) and the care plan, can and should, be part of the Care Management file. The protective service worker is also able to provide information that is pertinent to the delivery of service. These two programs must work cooperatively to assure appropriate follow up and delivery of services.

CASE EXAMPLE:

Mrs. Brown was reported for protective services because of serious self neglect. Once she was medically stable, in the hospital, it was agreed that she could be maintained at home with additional services. The protective service worker ordered home delivered meals, home support, personal care and home health. Once these services were made available, Mrs. Brown was discharged home. In the care plan, the protective service worker indicated he would monitor the case for one month to determine its effectiveness and transfer to Care Management if and when the care plan was considered appropriate. At the point when she signed the care plan, Mrs. Brown knew protective services would be terminated in one month if all went well.

The protective service worker monitored the situation very closely for the first two weeks. In the last two visits of the month, the protective service worker reminded Mrs. Brown that since the care plan was working, he would be transferring the case to another caseworker at the end of the month. On the last visit, the protective service worker completed the OPTIONS Reassessment and reviewed the care plan with Mrs. Brown. Both agreed that things were stable and the case could be transferred. Mrs. Brown signed a Notice of Termination of Protective Services that outlined the reasons for termination. The agency, therefore, had the signed statement of understanding required by Act 79.

Back at the office, the protective service worker documented the visit and the fact that the case was formally transferred to Care Management. He completed the paperwork and made a copy of all assessment forms and the care plan for the Care Management file. Once the case was assigned to another caseworker, the protective service worker met with her and they discussed the pertinent aspects of the case.

A. CASE RESOLVED

2. No Ongoing AAA Services but the Client Remains in the Community

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management apply here.

Clinical Issues: In addition to the clinical issues previously addressed, the protective service worker must evaluate community resources in an effort to determine availability of appropriate services within the scope of the care plan.

A. CASE RESOLVED

3. Client Placed in a Long Term Care Facility

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management apply here.

Clinical Issues: In addition to clinical issues previously addressed, the protective service worker must prepare the client and significant others for the placement. Follow up, for a predetermined amount of time, is imperative to assure a smooth transition.

CASE EXAMPLE:

Mr. Jones was reported for protective services because of caregiver neglect. During the course of the case, it was agreed by all, that Mr. Jones' condition was such that the level of care required could only be met in a nursing facility. The protective service worker spent sufficient time with Mr. Jones, and his son, to discuss the type of care he needed and how it would be provided in a nursing facility. She also had to inform them that there were openings in only one facility, rather far from home, but they could request transfer to a closer facility should an opening occur.

The protective service worker explained OPTIONS, Medicaid eligibility and the assessment process and also helped arrange a medical appointment for completion of the MA-51. Prior to the OPTIONS Pre-Admission Assessment, the protective service worker arranged a visit to the facility to help alleviate some of Mr. Jones' anxiety. This proved effective as Mr. Jones was very comfortable during the Pre-Admission assessment and eventual transfer to the facility.

The protective service worker included, in the care plan, that the case would remain active for at least two weeks after the placement to monitor the transition. As agreed, she met the son and client, at the nursing home, following the second week of placement. They had a long discussion and the protective service worker was able to ascertain that the placement was successful. She therefore obtained Mr. Jones' signature on a standard Termination Notification form that acknowledged his understanding of the reason for the termination of protective services.

Back at the office, the protective service worker completed the OPTIONS Reassessment Form, put the file in order and formally closed the case with the supervisors approval.

B. CLIENT REFUSED SERVICES

1. Client Refuses Protective Services

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management apply here. In addition, the agency shall provide protective services only to persons who give informed consent to the services except when otherwise ordered by the court (including emergency involuntary intervention) or when requested by a court appointed guardian.

Clinical Issues: In addition to the clinical issues previously addressed, the protective service worker must obtain and document, during the course of the investigation, information on the client's ability to make an informed decision and understand the consequences of refusing services. At a minimum, the worker could administer a mini-mental test to help document the client's ability to understand the risk and consequences of refusing protective

services. It is recommended, however, that this information be solicited from professionals, such as the client's physician.

Additionally, the protective service worker must also document the risk level and document all methods of risk reduction considered including, but not limited to, whether an emergency involuntary intervention would be appropriate. It is very important to note that although incapacity, capacity, client consent or lack of client consent must be considered in every protective services case, a petition for an emergency order can be filed without client consent. The issue at hand is the risk to the client and its consequences. Not whether the client consents to the interventions. Refer to ATAB #94-12-01 for further information on the factors underlying a decision to seek Emergency Involuntary Intervention.

Sufficient time must also be spent in discussing the risk and alternatives with the client and significant others. The worker should also attempt to allow the client to think it over and make additional attempts to convince the client to accept services. All these efforts must be clearly documented in the case file.

Finally, for the protection of the protective service worker and the agency, the worker must write a proposed care plan that would include all services that would eliminate the risk to the client and the worker must also attempt to secure the client's signature to a formal refusal of services statement. This assures that every effort has been made to make the client aware that there may be several alternatives available to remedy the client's problems and it provides clear documentation of what was discussed. The protective service worker must document the effort if the client refuses to sign such a statement.

Specific Guidelines When A Client Refuses Protective Services

Act 79 does provide the abused, neglected, exploited or abandoned client the right to refuse services. The "safety net" is the emergency involuntary intervention that can be obtained, through the courts, when "there is clear and convincing evidence ... of imminent risk of death or serious physical harm."

One of the most important casework principles is acknowledging the client's right to self determination. It becomes difficult, however, when the client desires to remain in a risky or unhealthy situation. Although it may be very hard to walk away, after an acceptable effort; that is exactly what will have to occur in some cases. It is very important, however, that the perception of an eventual refusal of protective services DOES NOT affect the scope of the investigation or the care plan to be offered.

Protective service workers can protect the rights of abused and neglected older adults by not forcing protective services when they are refused. They can also further protect their agency, and themselves, by investing sufficient time and by carefully documenting all actions. The regulations do not specifically address the level of effort, but, good casework practice, as well as common sense, would dictate an intensified effort when dealing with a client who refuses protective services. Rarely, if ever, should a case be closed

after investing only one contact with a client who is refusing protective services.

The first step is to provide sufficient time to identify the extent of the risk, the client's ability to make an informed decision and to understand the consequences of refusing services. When the risk does not warrant an emergency involuntary intervention, the protective service worker should be able to document a specific written care plan, appropriate to the client and the situation, that is being refused. Finally, the process of termination of protective services must follow the specific regulatory requirements previously addressed in this paper.

This can be time consuming but it is much more appropriate than a case file with an entry stating only that the client refused services, therefore, the case was closed.

CASE EXAMPLE:

Mrs. Anderson was referred for protective services, by a home health agency, because her son becomes verbally and physically abusive when he is intoxicated. In the last incident, the son was verbally abusive and left bruises on Mrs. Anderson's arms where he was grabbing her. Mrs. Anderson confirmed this with the home health aide when the bruises were observed, the next day, when she was assisting Mrs. Anderson with personal care.

Although Mrs. Anderson vehemently denied all allegations, the case was substantiated after the protective service worker interviewed Mrs. Anderson's physician, other relatives and the home health aide. Evidentially, the son has been in trouble most of his life and Mrs. Anderson has continually protected him creating an unhealthy dependency. The son contributed nothing financially and Mrs. Anderson would be better off (physically and financially) if her son was removed from the home.

The protective service worker, very patiently and tactfully, explained to Mrs. Anderson that she did not have to tolerate such abuse and recommended intervention to secure alternative housing for the son. Mrs. Anderson, however, would have no part of this and the son refused to speak with the protective service worker.

Through the course of a thorough investigation, the protective service worker was able to ascertain that Mrs. Anderson was capable of making an informed decision and that she had never been severely hurt nor was severe injury anticipated. This information was carefully documented in the file.

The protective service worker was confident that Mrs. Anderson understood her situation and its consequences. Since she agreed to a follow up visit, one was scheduled in three days. Before that visit, the protective service worker developed a care plan that she felt would eliminate the risk to her client. It included a protection from abuse order for the son, counseling for Mrs. Anderson and monthly care management monitoring for at least the next six months.

During the follow up visit, the protective service worker once again reviewed Mrs. Anderson's situation. She also presented the care plan and

encouraged Mrs. Anderson to accept services to eliminate the risk. Once again, Mrs. Anderson refused all services and asked the protective service worker not to return. She refused to sign the forms acknowledging, but refusing, the care plan and termination of protective services. The protective service worker left the AAA phone number and encouraged Mrs. Anderson to call any time she needed help.

Back at the office, the protective service worker documented the final visit making sure to include that Mrs. Anderson refused a formal care plan and to sign the forms acknowledging refusal of services and termination of protective services. After staffing the case with her supervisor, the protective service worker formally closed the case.

B. CLIENT REFUSED SERVICES

2. Client Refuses Some Services in the Care Plan

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management and B.1. Client Refuses Protective Services apply here.

Clinical Issues: In addition to the clinical issues previously addressed, the protective service worker will have to consider the client's refusal of specific services when developing and implementing the care plan. This does not mean, however, that the protective service worker should not try to convince the client of the importance of each service and seek adequate alternatives. The protective service worker should, however, try to secure written acknowledgement from the client that (s)he has refused some services that the protective service worker considers beneficial to the elimination of the risk.

C. CLIENT (Active Case) MOVES TO ANOTHER COUNTY

1. Protective Service Referral
2. Transfer of Information

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management and B.1. Client Refuses Protective Services apply here. In addition, in arranging specific services to effect service plans, the agency may disclose to appropriate service providers information necessary to initiate the delivery of services.

Clinical Issues: As soon as it is known that the client has moved to another county, the protective service worker should contact the AAA in that area and coordinate protective service involvement with their protective service unit. If the move is found to be permanent, the AAA where the client resides could assume full responsibility of the case. Of course, if there is still business in the original county, the original AAA should remain involved to assist where necessary. There is no formal referral process for this situation, but a formal transfer of the case should be documented. When this occurs, all information obtained by the original protective service agency can, and should, be provided to the county where the client has moved.

D. CLIENT (Active Case) MOVES TO ANOTHER STATE

1. Protective Service Referral
2. Transfer of Information

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management, B.1. Client Refuses Protective Services, and C.1. Client Moves to Another County apply here.

Clinical Issues: As soon as it is known that the client has moved to another state, the protective service worker should contact the local protective service agency and coordinate protective service involvement. If the move is found to be permanent, the protective service agency in the other state would assume full responsibility with the AAA providing assistance as required. There is no formal referral process for this situation, but a transfer of the case should be clearly documented. When this occurs, the AAA can transfer information generated from its investigation (e.g. information documented in the case record). Documents obtained from other agencies (e.g. medical reports from hospitals) cannot be transferred unless specifically authorized by the client in a specifically stated release of information. The AAA can also indicate where to obtain pertinent information.

E. DEATH OF CLIENT

1. Nexus Between Death and Need for Protective Services

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management, B.1. Client Refuses Protective Services, and C.1. Client Moves to Another County apply here. In addition; "if the death of an older adult reported to need protective services occurs prior to the agency's investigation of the report, during the investigation or at any time prior to the closure of the protective services case, when there is some nexus between the death and the need for protective services, the agency shall immediately report that death to the police and the county coroner."

Clinical Issues: Nothing in addition to what has already been addressed.

E. DEATH OF CLIENT

2. No Relationship Between Death and Need for Protective Services

Regulatory Issues: Requirements set forth in A.1. CASE RESOLVED Transfer to Care Management, B.1. Client Refuses Protective Services, C.1. Client Moves to Another County and D.1. Death of Client apply here.

Clinical Issues: In addition to the clinical issues previously addressed, when a client dies, the protective service worker must determine whether there was a nexus between the death and need for protective services.

If no nexus exists, there is no need for a report to the police or the county coroner. If there is any question, a report should be made.

