### ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES AGENCY SUBSTITUTE PAYEE PROGRAM DESCRIPTION

The Alameda County Substitute Payee Program (SPP) provides money management services to Alameda County residents who are active clients of Alameda County Behavioral Health Care Services and contract sites who need assistance in handling their funds and who can provide <u>no other reliable person</u> to serve as payee for their SSI/SSA benefits. The difference between conservatorship (which may also have a money management component) and SPP is that conservatorship is a court-ordered and supervised process, whereas, SPP operates within the authority granted by the Social Security Administration.

When a recipient of SSI/SSA is incapable of handling his/her funds, and no family member or friend in the community is available to help, a social agency may apply to become representative payee. If Social Security accepts the agency's request, they will issue monthly checks directly to the agency. The representative payee then becomes responsible for setting up a budget, paying the client's bills, keeping records of payments made, notifying the Social Security Administration of any changes in the client's circumstances and completing any and all forms requested by the Social Security Administration.

Participants in SSP must be clients of a county operated or county contracted mental health program or agency. Under limited and authorized circumstances, SPP may provide interim assistance to clients whose SSI/SSA benefits are in pending status.

By providing money management to high-risk mental health clients, the program attempts to:

- 1. Facilitate placement into the least restrictive and cost-effective alternatives and levels of care
- 2. Stabilize their living arrangements
- 3. Protect clients who are frequent victims of fraud, theft and their own poor judgment

The Substitute Payee Program in Alameda County is centrally located at the Finance Department of the Alameda County Behavioral Care Services Agency. However, all client contact and referral is initiated at any of the service sites throughout the County. <u>CLIENTS ARE NOT TO BE INFORMED OF THE LOCATION</u> <u>OR THE PHONE NUMBER OF THE SUBSTITUTE PAYEE PROGRAM.</u>

As long as a client's funds are being managed by SPP the assigned therapist, clinician or contact person at the site servicing the client is expected to maintain ongoing contact with the client and to notify the appropriate Patient Services Technician (PST) of any changes in a beneficiary's circumstances. It is the PST's responsibility to maintain communication with the Social Security Administration and/or Social Services Agency to maintain the client's eligibility for benefits. A continuous flow of information from clinicians in the field to the PST unit is essential in providing timely and accurate service to the client.

Should a client's treatment needs and service site change while they are active in SPP the clinician is expected to provide a referral to a new and appropriate case manager. If a client's case is closed at the service site the clinician will remain responsible for the client for SPP services until there is a new payee.

Substitute Payee Program Description

# I. ADMISSION CRITERIA

A. Social Security Administration (criteria for requiring a payee)

- 1. The claimant has requested and received voluntary conservatorship or recognizes own incapability, or
- 2. The claimant has demonstrated loss of memory and awareness that he/she will be receiving benefit checks in specific amounts, or
- 3. The claimant has shown continuing inability to perceive the need for paying his/her bills or to avoid being taken advantage of in ordinary transactions, or
- 4. The claimant has shown continuing ineptitude in doing fundamental arithmetical operations correctly as regards to spending his/her benefit payments.
- B. Clinical (Alameda County Sub-Payee Program criteria)
  - 1. History of two or more psychiatric hospitalizations, and/or
  - 2. Psychopathology renders client unable to handle and manage funds, and
  - 3. Mental health diagnosis, and
  - 4. No responsible private person such as a relative or friend is available to act as a payee, or the current payee is inappropriate, <u>and</u>
  - 5. The service of a substitute payee will help prevent further hospitalization and/or allow placement into a level of care that will be less restrictive or costly, and
  - 6. The effects of money management by the substitute payee will stabilize the client's continuing ability to remain in the community, and
  - 7. The clinician referring the patient to Sub-Payee agrees to maintain the patient in a therapeutic program and to remain in communication with the Sub-Payee Unit concerning the client's progress (see section III for reporting procedures); and
  - 8. Continuation in Sub-Payee is contingent on involvement in a County or County contracted agency treatment program or supervised living placement. Should client's treatment needs change while in the Sub-Payee Program, <u>the supervising clinician agrees to provide referral/linkage to a new and appropriate supervising clinician.</u>

# II REFERRAL PROCEDURES

A. Clinician identifies patient as meeting the admission criteria, and judges that having a substitute payee would enhance the patient's treatment plan.

# Substitute Payee Program Description continued

B. Referring agency's psychiatrist completes the Physician Statement (Form SSA 787)

C. Sub-Payee Program application forms (313-SP-01, 313-SP-04, SSA-787, SSA-4164) are completed and forwarded with the above forms to Sub-Payee Program Clinical Liaison.

- D. If application is accepted:
  - 1. Application is processed by the Sub-Payee PST to Social Security for approval of Payeeship (processing may take 3 6 months by Social Security Administration).
  - 2. PST notifies case manager/contact person when  $1^{st}$  check is received.
  - 3. Case manager/contact person forwards budgeting information via the Transmittal form (313-SP-05) to the Sub-Payee Unit PST.
  - 4. Sub-Payee Program starts issuing checks to or for client.

### III BASIC PROGRAM PROCEDURES

- A. Once Alameda County Sub-Payee is appointed the payee by Social Security, the basic responsibilities of the Case Manager/Contact Person for Sub-Payee clients are to:
  - 1. Determine the client's current and future needs and to use the benefits in the best interest of the client and to conform to Social Security Administration and Alameda County Sub-Payee regulations, procedures and policies.
  - 2. Authorize and disburse payments only for the client's use and welfare.
  - 3. Maintain a continuing awareness of the client's needs and condition. You must maintain contact with the client. If the whereabouts become unknown, you must notify the Sub-Payee PST immediately.
  - 4. Notify the Sub-Payee PST of any change in the client's circumstances or event that would affect the client's eligibility or amount of benefits.
  - 5. Assist the client to maintain eligibility for benefits by providing the Sub-Payee worker with information, documentation or verification when required or mandated by Social Security Administration, Social Services Agency and/or the Sub-Payee Program.

B. All requests for funds, budget changes, or other changes in client's circumstances must be reported via a transmittal form (SP-05) in order for the PST to properly process the changes. Disbursements of checks are processed every Tuesday and Thursdays and on every 1<sup>st</sup>, 3<sup>rd</sup> and the 15<sup>th</sup> of each month

C. Closing the Sub-Payee episode or terminating the client's participation in the Sub-Payee Program depends on various factors, see Operational Guidelines for more information.

This is a general description of the Alameda County Substitute Payee Program. Communication between the Case Manager/Contact Person and the Sub-Payee Program is crucial in providing the best and timely services for Sub-Payee clients. This program was established in order to maintain and stabilize the client in the community and to assist clients in maintaining eligibility for benefits thus providing a better quality of life for our mental health population.