

**REPRESENTATIVE
PAYEE—
CLINICAL
INDICATIONS**

SECTION:	Clinical Policy
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SUBJECT:	Rep Payee – Clinical Indications
EFFECTIVE DATE:	5/2005
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POLICY

Davis Behavioral Health provides representative payee services for clients when, and only when, this service is medically necessary in order to avert deterioration in functioning or in order to improve skills that result in an increased functional level. All informal supports that could provide this service must be evaluated before DBH will become the representative payee. Representative payee services must be re-evaluated periodically for necessity and for the possibility of informal supports, or the client themselves, taking over the service.

PURPOSE

Representative payee services may be indicated when clients are debilitated by a mental illness significant enough that they cannot manage their own finances to a degree that would endanger their welfare. The purpose of Davis Behavioral Health providing these services is in order to stabilize their living condition when no natural supports are able to serve this function, and/or to provide skills training to assist a client toward independently managing their finances.

PROCEDURES

1. Representative payee service will be provided when they are determined to be medically necessary under the current Davis Behavioral Health standard of medical necessity. Examples of medically necessary representative payee services are:
 - a. Services provided because the client has no natural supports who could appropriately fulfill this role, and the client is known to be at high risk to become homeless, destitute, or victimized when managing their own funds.
 - b. Services provided as part of a learning curriculum for a time-limited period in order to develop financial management skills.
 - c. Either of the above, AND as a method to provide natural opportunities to assess the well-being of the client and the need for other treatments or supports.
 - d. As a less restrictive alternative to involuntary commitment.
2. Medical necessity is not demonstrated merely because a client has managed his or her funds “unwisely” according to the subjective opinion of the evaluator. Clients have a right to fail in their own independent decisions unless those decisions result from an inability to engage in rational decision-making secondary to a mental illness.

3. Representative payee services will be provided only when indicated as part of an assessment that determines this service is indicated, and is part of the treatment plan.
4. When representative payee services may be beneficial to a client, but such services are not medically necessary,
 - a. The client will be referred to a community provider of representative payee services when feasible.
5. The medical necessity of representative payee services will be assessed at least each time the treatment plan is reviewed.
6. Client funds will never be given to or withheld from a client in a manner intended to reinforce or punish behaviors.
7. When representative payee services are delivered, they will accord with the representative payee policies and procedures outlined in DBH financial policies.