Memo

To: SCPD, GACEC and DDC

From: Disabilities Law Program

Date: 3/15/2024

Re: March 2024 Policy and Law Memo

Please find below, per your request, an analysis of pertinent proposed regulations and bills identified by councils as being of interest.

I. PROPOSED STATE REGULATIONS

➢ PROPOSED DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS), DIVISION OF MEDICAID AND MEDICAL ASSISTANCE (DMMA) REGULATION AMENDING 16 DE ADMIN. CODE 5000 FAIR HEARINGS, 27 DEL. REGISTER OF REGULATIONS 655 (MARCH 1, 2024)

With this notice, the Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA), is proposing amendments to 16 *Del. Admin. Code* 5000 and to the Division of Social Services Manual (DSSM) regarding fair hearings. Specifically, the proposed regulations concern Section 5000 and 5304 and deal with how an appeal can be filed. Comments are due by the close of business on April 1, 2024. The changes will take effect on and after May 11, 2024.

Under the existing regulation a fair hearing was defined as:

> An administrative hearing held in accordance with the principles of due process which include: 1. Timely and adequate notice 2. The right to confront and cross-examine adverse witnesses 3. The opportunity to be heard orally 4. The right to an impartial decision maker 5. The opportunity to obtain counsel, represent him or herself, or use any other person of his or her choice.

(5000 Definitions).

Under the existing regulation a request for a fair hearing was defined as: "Any clear expression (oral or written) by the appellant or his authorized agent that the individual wants to appeal a decision to a higher authority. Such request may be oral in the case of actions taken under the Food Supplement Program." (5000 Definitions).

Under the existing regulation a hearing officer was defined as: "The individual responsible for conducting the hearing and issuing a final decision on issues of fact and questions of law." (5000 Definitions). In addition to presiding over the fair hearing, a hearing officer determines if the request for a hearing is valid.

Under the existing regulation,

"A request for a hearing must be a clear, written expression to the effect that the appellant wants the opportunity to present his or her case to a higher authority. The request must be signed by the appellant or his or her representative."

Exception: Appellants of actions taken in the Food Supplement Program may request a fair hearing orally. If an oral request is made, inform the appellant that it is advisable to finalize the request by putting it in writing. The staff member receiving an oral request will take steps to begin the hearing process. This includes an offer, at the time of the request, to assist the appellant by putting the request in writing.

(5304 2.).

Currently, a request for a medical assistance fair hearing has to be in writing and be a clear expression by the person that he or she wants to appeal his or her case to a higher authority. The hearing officer would determine whether the appeal is proper, including whether it was in writing and signed by the person or his or her representative.[1]

The present procedure for requesting a medical assistance fair hearing is antiquated, does not recognize readily available modalities, and does not comply with current federal regulations.

Under the federal regulations, state Medicaid agencies must establish procedures that permit an individual or his or her representative to "[s]ubmit a hearing request via any of the modalities described in §435.907(a) of this chapter . . . ." 42 *C.F.R.* §431.221 (a)(1)(i). Section 435.907(a), in accordance with section 1413(b)(1)(A) of the Patient Protection and Affordable Care Act, permits an insurance application to be filed by the internet website; telephone; mail; in person; and through other electronic means. 42 *C.F.R.* §435.907(a).

To remedy this situation and comply with the federal regulations, DMMA proposes to "redefine Medical Assistance fair hearing requests as any clear expression (oral or written)."[2] This will "enable applicants and beneficiaries to request a Medical Assistance fair hearing via all the same modalities as are available for individuals to submit an application."[3]

Specifically, the proposed language to request a fair hearing would amend DSSM 5000 Request for a Fair Hearing and states:

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[1] Under the current scheme, an appeal under the Food Supplement Program can be either written or oral. (5000 definitions; 5304 2.).

[2] Summary of Proposal section of the Public Notice, https://regulations.delaware.gov/register/march2024/proposed/27%20DE%20Reg%20655%2003-01-24.htm.

[3] *Id.*

Any clear expression (oral or written) by the appellant or his authorized agent that the individual wants to appeal a decision to a higher authority. Such request may be oral in the case of actions taken under the Medical Assistance or Food Supplement ~~Program.~~ Programs. The agency must establish procedures that permit an individual, or an authorized representative, to submit a hearing request for Medical Assistance
1. Via the internet website;
2. By telephone;
3. Via mail;
4. In person; and
5. Through other commonly available electronic means.

(proposed 5000 Definitions).

The proposed language would also amend DSSM 5304 Presiding Over Fair Hearings and provides: "Hearing Office Determines if Hearing Request is Valid
A request for a hearing must be a clear, written expression to the effect that the appellant wants the opportunity to present his or her case to a higher authority. The request must be signed by the appellant or his or her representative."

Exception: The agency must establish procedures that permit an individual, or an authorized representative, to submit a hearing request for Medical Assistance

1. Via the internet website;
2. By telephone;
3. Via mail;
4. In person; and
5. Through other commonly available electronic means.

Appellants of actions taken in the Food Supplement Program may request a fair hearing orally. If an oral request is made, inform the appellant that it is advisable to finalize the request by putting it in writing. The staff member receiving an oral request will take steps to begin the hearing process. This includes an offer, at the time of the request, to assist the appellant by putting the request in writing.

(proposed 5304 2.).

The amendments DMMA is proposing to the DSSM will bring the manual into compliance with the federal regulations and practically will broaden the ways an individual can request a fair hearing to contest an adverse decision or outcome. It will make it easier for an individual to exercise his or her rights to a fair hearing.

Recommendations:

1) Councils can readily support these amendments in general as they bring the State into compliance with federal regulations and expand the means by which individuals may request Fair Hearings.

2) However, Councils can suggest that in the request for a fair hearing, the language "by the appellant or his authorized agent" be changed to "by the appellant or his or her authorized agent" to include female pronouns, and to be consistent with other language in the regulation (for example in 5304 2. it states "[t]he request must be signed by the appellant or his or her representative").
3) In addition, in 5304 2., it states "Hearing Office Determines if Hearing Request is Valid." Given the duties and responsibilities of the hearing offers as enumerated in 5304, "Office" is an error, and the wording should be changed to "Hearing Officer Determines if Hearing Request is Valid."
4) Councils may also wish to encourage DHSS to add to this regulation a memorialization that DHSS staff must accept requests for fair hearings in an individual's preferred language, including but not limited to American Sign Language and Spanish. While this is already required by federal law, language access has not been consistently afforded at State Service Centers, and including this in the Delaware Social Service Manual could help to ensure appropriate language access.
5) Finally, Councils may wish to express concern that it took Delaware over ten years to come into compliance with the federal regulation and to expand the methods by which an individual can request a hearing (this change in regulations was effective October 1, 2013).

II. PROPOSED BILLS

➢ SCR 119 ESTABLISHING THE STUDENT BEHAVIOR AND SCHOOL CLIMATE TASK FORCE

SCR has since passed with no further action required by the legislature. Of note, none of the following disability rights organizations were NOT included in the membership: GACEC, SCPD, DLP, DDC, or the Center for Disabilities Studies (CDS). A Co-Chair of the Special Education Strategic Plan Advisory Council. GACEC and CDS are members of that Council and may wish to seek this seat. Additionally, the task force membership includes a parent or guardian member – parent or guardian members of one of the Councils may wish to vie for this seat.

➢ HOUSE SUBSTITUTE 1 FOR HOUSE BILL 5

House Bill 5 was introduced in 2023 and sought to amend Chapter 5, Title 31 of the Delaware Code relating to public assistance. Specifically, the bill sought to add new §532 which relates to Medicaid Reimbursement for School-Based Services. The bill was introduced in the Delaware House of Representatives on April 25, 2023, sponsored by Reps. Longhurst (primary sponsor), Heffernan, Minor-Brown, and Michael Smith and Sen. Poore.[4] The bill was subsequently assigned to the House Education Committee.

After House Bill 5 was introduced, House Substitute No.1 for House Bill No. 60 as amended by House Amendment No. 1 relating to diagnostic breast examinations was passed and signed into

[4] HB 5 was co-sponsored by Reps. Chukwuocha, Dukes, Hensley, S. Moore, Morrison, and Osienski and Sens. Gay, Hansen, Hoffner, Huxtable, and Sturgeon.

law by Governor Carney on July 26, 2023. The law amended Chapters 33 (adding §3370F) and 35 (adding §3552A) of Title 18 of the Delaware Code, Chapter 52 (adding §5217) of Title 29 of the Delaware Code, and Chapter 5 (adding §532) of Title 31 of the Delaware Code.
As a result, when House Substitute 1 for House Bill 5 was introduced on February 29, 2024, the section number was changed from §532 to §533. The sponsors and co-sponsors of House Substitute 1 were the same as for House Bill 5. House Substitute 1 was assigned to the House Education Committee.

The Disabilities Law Program provided a review and analysis of House Bill 5 to Councils in May 2023. There are some differences and changes in House Substitute 1 for House Bill 5. This reviewer has borrowed liberally from the previous analysis of House Bill 5 while reporting the differences in House Substitute 1 for House Bill 5.

House Substitute 1 for House Bill 5 would do the following:

1. Require the Department of Health and Social Services (DHSS) to apply to the Centers for Medicare & Medicaid Services (CMS) by January 1, 2025 (previously in House Bill 5 the date was January 1, 2024), for a State Plan Amendment which would allow for reimbursement of medically necessary behavioral health services without Individualized Education Program (IEP) or Individualized Family Service Plan documentation (IFSP) (proposed §533(a));

2. Once the State Plan Amendment is approved, require reimbursement for "eligible services provided in a school setting by any school Medicaid allowable licensed or credentialed mental health provider" (proposed §533(b));

3. Permit the Department of Education (DOE) to keep up to five percent (5%) of federal reimbursements for administrative costs and require the balance of "federal reimbursement for school-based services" to "be disbursed to the local education agencies through which services were provided" (proposed §533(c) is a new section);

4. Requires Local Education Agencies ("LEAs") to reinvest reimbursed funds to support school-based behavioral health programs and services (proposed § 533(d));

5. Requires DHSS to update regulations and provider manuals to comport with the approved changes and to "provide comprehensive and advanced training to local education agencies" (proposed §533(e) expands the language in House Bill 5 which was "mental health trainings for educators); and

6. Requires DHSS to notify the Chief Clerk of the House and the Secretary of the Senate when the State Plan Amendment is submitted to the CMS, when approval for the State Plan Amendment is received, when the Cost Allocation Plan amendment is submitted to CMS, and when approval of the Cost Allocation Plan amendment is received (proposed §533(f) has far more detailed notifications than was required in House Bill 5).

In the preamble, the bill's authors state that CMS reimburses Delaware approximately $65 for every $100 billed for allowable services provided to Medicaid-enrolled students[5] but notes that the current Delaware Medicaid State Plan limits the reimbursement of Medicaid-covered school based behavioral health services to only those provided for in a student's IEP or IFSP.[6] This section of Delaware's State Plan was last updated and approved on August 24, 2016.

Prior to 2014, CMS's "free care" policy and guidance was that a Medicaid payment "was generally not allowable for services that were available without charge to the beneficiary," with a few exceptions.[7] Essentially, this free care policy "prevented the use of Medicaid funds to pay for covered services furnished to Medicaid eligible beneficiaries when the provider did not bill the beneficiary or any other individuals for the services."[8]

In 2014, CMS withdrew this prior guidance on free care in an effort to "improve access to quality healthcare services and improve the health of communities."[9] This means that, as of 2014, Medicaid reimbursement was available for covered services provided to Medicaid beneficiaries, consistent with the state plan, regardless of whether there is a charge associated with the service. Essentially, schools can now seek reimbursement for Medicaid-covered services provided to students enrolled in Medicaid regardless of whether the student is eligible under an IEP or IFSP. For example,[10]

> a qualified and Medicaid-enrolled audiologist that comes into the school and provides hearing assessments for the entire student body can now bill Medicaid for those services whether or not other third-party payers are also billed for the hearing assessment. Likewise, if a school nurse administers fluoride treatment to the entire student body, so long as that nurse or the school is enrolled as a Medicaid provider, the fluoride treatment could be eligible for Medicaid payment.

In its 2022 informational bulletin, CMCS shared that since CMS withdrew its guidance in 2014, only about sixteen states have received approval allowing Medicaid payments for covered

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[5] This number was $44 in 2018. https://www.childtrends.org/publications/early-evidence-medicaid-role-school-based-heath-services.

[6] Referencing Delaware's State Plan, Attachment 3.1-A, Page 2b-2c Addendum, found at https://dhss.delaware.gov/dmma/files/sp_attachment_3_1_a_to_3_1_i_rev_20230427.pdf.

[7] *See* State Medicaid Director Letter #14-006, "Medicaid Payment for Services Provided without Charge (Free Care)" (Dec. 15, 2014), https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf.

[8] *Id*.

[9] *Id*.

[10] CMS's Center for Medicaid & Chip Services (CMCS) Informational Bulletin, "Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services" (Aug. 18, 2022), https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf.

services provided in a school setting that are not tied to a student's IEP or IFSP.[11] Delaware is not among those sixteen (as evidenced by House Substitute 1 for House Bill 5).

The focus of House Substitute 1 for House Bill 5 is specifically on expanding access to behavioral health services. However, the current State Plan restricts Medicaid reimbursement for all services unless it is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening service or documented within a student's IEP or IFSP.[12] Besides EPSDT screening services and behavioral health services, the Delaware State Plan also includes nursing services, physical therapy, occupational therapy, speech therapy, language and hearing services, and specialized transportation.[13]

Councils may wish to support the bill with the following recommendations provided to the bill's sponsors:

1. Given the breadth of school-based services currently available under the State Plan, the bill should apply to *all* school-based services allowable under Medicaid and not just behavioral health services;

2. Consider whether additional provisions should be added related to outreaching for enrollment purposes within schools;

3. Consider whether any directives need to be given to the Delaware Department of Education in assisting DHSS with this expansion; and

4. Consider whether to use this opportunity to revise the current § 501 which describes the legislative intent of the State Public Assistance Code and includes the following concerning and troublesome language: "It is further declared to be the legislative intent that public assistance be administered, to the extent practicable, in such a way that . . . both parents are held responsible for supporting and parenting their children; recipients are not encouraged to have additional children while receiving public assistance; and the formation and maintenance of two-parent families is encouraged and teenage pregnancy is discouraged."

- **HS1 for House Bill 22 and HB 22, AN ACT TO AMEND TITLE 11 OF THE DELAWARE CODE RELATING TO ASSAULT.**

Please see attached analysis contained in DLP prepared public comment public comment. Since filing the public comment on behalf of GACEC and SCPD, and GACEC providing oral comments at the March 13, 2024 house education committee hearing, the bill was tabled. Note: DDC also adopted the substance of GACEC and SCPD's comments and submitted public comment.

[11] *Id*.

[12] Delaware's State Plan, Attachment 3.1-A, Page 2c Addendum.

[13] Delaware's State Plan, Attachment 3.1-A, Page 2b Addendum.

- **Senate Bill 219 AN ACT TO AMEND TITLE 6 AND TITLE 25 OF THE DELAWARE CODE RELATING TO THE MISREPRESENTATION OF SERVICE ANIMALS AND ASSISTANCE ANIMALS.**

This bill makes it an offense to misrepresent a service dog or assistance animal and levies a civil penalty of $500 for a first offense and make it an unclassified misdemeanor for second or subsequent offenses.

The primary concern with this bill is that it will in practice bear a significant cost for Delawareans with disabilities who may be placed in a position of proving their assistance animal is legitimate or face a financial penalty and/or misdemeanor charge. There is no requirement that service animals and support animals go through professional training, or otherwise get certified or registered. So, for an individual who trained their assistance animal themselves, they may only have their word to defend themselves.

There is significant confusion in the U.S. over the requirements for assistance animals, due in part because there are several different laws that enable assistance animals to enter spaces where they may otherwise be excluded, and the requirements are different for each law. This law could have the impact of criminalizing well-intentioned people who do not understand the difference between those laws as described in brief below.

The federal laws that most commonly apply to assistance animals include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, the Fair Housing Act (FHA), and the Air Carrier Act. Each of these laws have different terminology and different requirements, which causes confusion to the public and can contribute to a perception of fraud. Focusing on the ADA and Fair Housing Act[14]:

- ADA allows service dogs (or sometimes miniature horses) who are individually trained to perform a task for an individual with a disability to access certain locations pets normally cannot go. The ADA applies to businesses that are open to the public, government services and employment.

- FHA allows for both service animals and support animals (not limited to dogs), including emotional support animals; emotional support animals are animals who are not trained to perform tasks but rather provide therapeutic benefit and support. FHA applies in the housing context.

Even some individuals with disabilities do not understand the difference between the two and mistakenly believe that emotional support animals can go to businesses like restaurants, with no intent to mislead. Thus, an individual with a disability may intentionally fit an emotional support dog with a vest, not realizing that the emotional support dog is only allowed in housing, rather than at businesses.

[14] There are State anti-discrimination laws as well which will not be detailed here.

Of note, the definition of disability itself is broad and disability is not always visible. Individuals with unobservable disabilities or disabilities that others do not judge to be significant may be wrongly accused under this bill. Indeed, discrimination against individuals with "invisible" disabilities is pervasive, from an individual with an invisible disability having someone scream at them or give them dirty looks for using a disability parking placard, to critical reviews of reasonable accommodation requests.[15]

Another concern with this bill is that it could cause intrusion into the personal information of people with disabilities who must defend themselves from claims of misrepresentation. Under the ADA and FHA, individuals are only allowed to ask limited questions, so as to prevent discrimination against people with disabilities and intrusion into their privacy. For example, under the ADA they are only permitted to ask two questions:

- Is that a service animal that you need due to a disability?
- What task is it trained to perform?

Under FHA, the inquiry is limited primarily to:

- seeking information that reasonably supports that a person has a disability (if not observable),
- information that reasonably support that the animal does work/performs tasks, provides assistance, and/or provides therapeutic emotional support; and
- that the animal is commonly kept in households (except rare circumstances)

Fraudulent assistance animals are unethical and do cause problems for people with disabilities. However, the language used in this bill, "intentionally" "misrepresents", is very subjective and could actually further discrimination and isolation of individuals with disabilities, who may be afraid of being accused of assistance animal fraud, and thus forgo the needed assistance, or avoid venturing out into the community altogether.

While a number of states have these laws[16], a better use of Delaware's time and energy would be into public education about service and assistance animals, what the requirements are, which kinds can go where, and when animals can be excluded (such as out of control dogs).

Recommendation: Councils may wish to oppose this bill as it may further discrimination against people with invisible disabilities, could compromise the privacy protections of the ADA and FHA, and could hinder efforts of community integration and involvement.

- **House Bill 298, Vulnerable Adult Populations Commission**

[15] *People with 'Invisible Disabilities' Fight for Understanding,* NPR, March 8, 2015, available at: https://www.npr.org/2015/03/08/391517412/people-with-invisible-disabilities-fight-for-understanding. *The* NPR article noted that of "employment disability discrimination charges filed with the Equal Employment Opportunity Commission between 2005 and 2010, the most commonly cited conditions were invisible ones, according to analysis by researchers at Cornell University's Employment and Disability Institute."

[16] See e.g., for a discussion of two different states and their approaches to this issue: https://www.understandingtheada.com/blog/2018/08/06/washington-hawaii-approaches-misrepresentation-of-service-dogs/. Hawaii uses a "clear and convincing" evidence standard. Note: there is no heightened standard in SB 219.

House Bill 293 seeks to amend Title 16 by adding a new Chapter 11A to create a Vulnerable Adult Populations Commission. This Commission is being created as a result of the Joint Legislative Oversight and Sunset Committee review of Adult Protective Services (APS). APS has been housed at DSAAPD since 2017. The Sunset Committee reviewed APS in 2019 and made a number of recommendations.[17] Among these were eliminating the APS Advisory Council[18] and having it be subsumed by the Council on Services for Aging and Adults with Physical Disabilities. This was accomplished in 2022 with the passage of HB 363, which added two seats for public or private entities serving victims of abuse or neglect. However, it is worth noting that HB 363 did not eliminate the APS Advisory Committee, although the synopsis referred to additional legislation intended to do so. 31 Del Code §3903 appears to still be on the books, and is something that needs to be corrected.

Councils may wish to suggest that 31 Del Code §3903 be rescinded, so there is no confusion regarding the existence (or not) of the APS Advisory Council.

Purpose and Composition

The new Commission is being created to improve the response to and reduce the incidents of vulnerable adult abuse, neglect and exploitation. Its composition includes 10 representatives of state agencies and law enforcement, one member of the state House and Senate, and seven at large members appointed by the Governor. These must include a physician, someone from the Senior Protection Initiative of the Delaware DOJ, one person from law enforcement, and four individuals from the "vulnerable adult protection community." So, 15 government, agency or health care representatives and four individuals, who may or may not actually be "vulnerable adults."

Councils may wish to advocate for representation by SCPD, CLASI (which could be DLP or ELP) and also consumers.

Duties and Scope

The Commission is charged with studying court and law enforcement services and procedures and criminal justice data collection. It shall "effectuate" coordination among Delaware agencies, departments and courts to benefit vulnerable adult victims, promote effective prevention, intervention and services based on data, recommend standards, review and provide feedback on relevant legislation, and submit an annual report.

Regarding scope, the Commission's oversight extends to services and interventions for vulnerable adults. HB 293 uses the definition of vulnerable adult found in Title 11, §1105(c):

> "Vulnerable adult" means a person 18 years of age or older who, by reason of isolation, sickness, debilitation, mental illness or physical, mental or cognitive disability, is easily

[17] https://legis.delaware.gov/Committee/Sunset/2019_JLOSCReviews. Interestingly, HB 298 is somewhat more limited than what was proposed as draft legislation by the Joint Committee, eliminating the Commission's authority to review fatal or near fatal incidents, including homicides and suicides. These duties have been removed.
[18] DSAAPD reported that the advisory committee was not functional, and that it already had an advisory committee for the Division as a whole. There appear to be a number of recommendations in the Sunset report that have not been acted upon.

susceptible to abuse, neglect, mistreatment, intimidation, manipulation, coercion or exploitation. Without limitation, the term "vulnerable adult" includes any adult for whom a guardian or the person or property has been appointed."

This is in some ways a more comprehensive definition than what is found in the APS statute, 31 Del. Code Chapter 39. 31 Del Code Section §§3902(2) and (3) discuss APS service recipients as either "Impaired adults" [19]or "alleged victims." [20] **It is unclear why the APS statute does not adopt the more comprehensive definition of vulnerable adult found in Title 11.**

There was a lengthy discussion by the Joint Committee regarding self-neglect, and the recommendation was to add a definition of self-neglect[21] to the APS statute. One common criticism of APS is its unwillingness to intervene in situations where a person refuses assistance but circumstances strongly suggest that some sort of direct intervention is clearly needed. **DLP could not find any legislation to incorporate self-neglect in the APS statute, despite the Committee's recommendations, lengthy discussion of national trends, and DSAAPD's request that legislation be developed.**

Councils may wish to inquire about the status of legislation clarifying DSAAPD's and APS's role in addressing cases of self-neglect, and inquiring about modifications to the APS statute to include self-neglect cases.

Generally speaking, there is usually no harm in creating a Commission to help coordinate how the various entities in the state respond to and service victims of abuse, neglect or exploitation. However, the Commission is very state agency or state actor heavy and does not include voices of advocates or affected individuals.

Recommendations:

1) **Councils may wish to suggest that 31 Del Code §3903 be rescinded, so there is no confusion regarding the existence (or not) of the APS Advisory Council.**
2) **Councils may wish to advocate for representation by SCPD, DDC, and/or CLASI (which could be DLP or ELP), and also consumers on this new commission.**
3) **Councils may wish to inquire why the APS statute does not adopt the more comprehensive definition of vulnerable adult found in Title 11.**
4) **Councils may wish to inquire about the status of legislation clarifying DSAAPD's and APS's role in addressing cases of self-neglect, and question about the status of modifications to the APS statute to include self-neglect cases.**

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[19] (2) "Adult who is impaired" shall mean any person 18 years of age or over who, because of physical or mental disability, is substantially impaired in the ability to provide adequately for the person's own care and custody.

[20] (3) "Alleged victim" shall mean any adult who is impaired, incapacitated, elderly or vulnerable that may have been abused, neglected or exploited based on a report to Adult Protective Services

[21]The Committee discussed using the Elder Justice Act definition: "The term self-neglect means an adult's inability due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including: obtaining essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health or general safety; or managing one's own financial affairs."