

# Financial Incapability Structured Clinical Assessment done Longitudinally (F.I.S.C.A.L)

All-Data Assessment of Capability to Manage Funds

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**Information from Clinical Chart**

***1. Chart Review Characteristics***

1. Date chart reviewed .....\_\_\_/\_\_\_/\_\_\_

2. Were the following available for the acute care unit? **Code: 0 = No 1 = Yes**

- a. Intake Form .....  
(e.g., Admission Note, E.R. Note immediately preceding this admission)
- b. Progress notes .....
- c. Lists of DSM Diagnoses .....
- d. Substance Abuse Evaluation .....
- e. Urine toxicology .....
- f. Information from Family .....
- g. Medical Records from previous treatment center(s) .....  
(e.g., Previous Discharge Summary)
- h. Other .....

3. Were the following available from the outpatient chart? **Code: 0 = No 1 = Yes**

- a. Intake Form .....  
(e.g., Admission Note, E.R. Note immediately preceding this admission)
- b. Progress notes .....
- c. Lists of DSM Diagnoses .....
- d. Substance Abuse Evaluation .....
- e. Urine toxicology .....
- f. Information from Family .....
- g. Medical Records from previous treatment center(s) .....  
(e.g., Previous Discharge Summary)
- h. Other .....

4. Other Comments About Chart Information Available:

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**SECTION A**

***II. Financial Information***

5. Is there information that the patient received money from any of the following sources during the six months before this admission?

a. Employment.....\_\_\_\_\_

b. Unemployment Insurance.....\_\_\_\_\_

c. Welfare.....\_\_\_\_\_

d. Food Stamps.....\_\_\_\_\_

e. VA pension benefits.....\_\_\_\_\_

f. VA service connected compensation.....\_\_\_\_\_

g. SSI, not counting state supplement.....\_\_\_\_\_

h. State supplement to SSI.....\_\_\_\_\_

i. SSDI.....\_\_\_\_\_

j. Mate, family or friends.....\_\_\_\_\_

k. Asking for money on the street.....\_\_\_\_\_

l. Other illegal sources.....\_\_\_\_\_

m. Interest on savings.....\_\_\_\_\_

n. From other funds (Specify: \_\_\_\_\_).....\_\_\_\_\_

6. Other Comments About Income:

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**NOTE TO ASSESSOR:**

Answer the following questions according to information available in the chart, or indicate “**NOT IN CHART.**”

7. How has the client spent his/her funds during the past six months?.....  
(Please describe expenditures, e.g., Utilities, Rent, Food, Clothing, Transportation)

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8. Does the client currently receive assistance managing his/her finances .....  
If yes, please describe:

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***III. Basic Needs***

9. What is the client's current living situation?

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10. Has the client had housing difficulty (e.g., homelessness)? .....  
If yes, please specify:

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11. Has the client missed rent payments?.....  
If yes, please specify:

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12. At any time, has the client not had enough to eat?.....  
If yes, please specify:

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13. Were there times the client appeared disheveled or did not have the appropriate clothing for the season? .....  
If yes, please explain:

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14. Was the client victimized (e.g., pressured into giving someone money or a gift, or had it stolen)?.....  
If yes, please explain:

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**IV. Spent Funds on Non-Essentials**

15. Please comment on the amount of money being spent on non-essentials relative to total income. **Note:** Non-essentials include **any purchase not related to meeting basic needs of food, shelter, clothing, and medical needs**

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16. Did the client spend impulsively at any time?.....  
If yes, please explain:

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**SECTION B**

***V. Spent Funds on Something That Harmed Client***

17. Describe Current Substance Use:

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18. Did the client use drugs and/or alcohol during the preceding six months?.....  
If yes, please explain:

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18b. How did the client pay for drugs and/or alcohol?

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18c. What is the largest amount spent on drugs/alcohol in any one month? \$ \_\_\_\_\_

18d. Was the client harmed by drugs and/or alcohol Consider legal consequences, psychiatric worsening, other significant harm, putting self at risk)? .....  
If yes, please explain:

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18e. Did the client smoke cigarettes in the last 6 months? \_\_\_\_\_

If YES, use a 1-5 rating scale (where 1 is minimal or none and 5 is severe or worst) to indicate the extent of harm from smoking in the following domains:

Physical harm \_\_\_\_\_

Psychological harm \_\_\_\_\_

Financial harm \_\_\_\_\_

Overall harm \_\_\_\_\_

Explain:

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19. Did the client gamble during the preceding six months? ..... \_\_\_\_\_

If yes, please explain:

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19b. How was the gambling paid for?

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19c. What is the largest amount spent on gambling during any one month? \$ \_\_\_\_\_

19d. Was the client harmed by gambling? Consider legal consequences, psychiatric worsening, other significant harm, putting self at risk. .... \_\_\_\_\_

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**SECTION C**



**VI. Likelihood Misspending Will Continue**

20. How successful has the client been at staying clean in the last five years?

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21. Do you think the client will make different spending decisions in the next six months than he/she did in the last six months? .....

If yes, please explain:

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22. Is a new intervention planned that is likely to improve the client's money management? (Examples might include: enrollment in case management, residential treatment or the new involvement of supportive family.) .....

If yes, please describe and estimate the likelihood of success:

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**SECTION D (Additional Information)**

**VII. Medical Diagnoses**

23. Does the client have any Current Medical Diagnoses that might impact capability to manage funds? .....

Please list and explain:

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23b.

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23c.

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23d.

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**VIII. Interactions with Mental Health Treaters**

24. Discuss amount and type of interactions with mental health treaters in past 6 months:

24a. Hospitalizations

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24b. Residential Treatment

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24c. Outpatient Individual Sessions

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24d. Outpatient Group Sessions

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***IX. Other Factors That Might Suggest Capability or Incapability***

25. Were there periods during which the client was so mentally impaired (impaired judgment/disorganized behavior) that he/she could not manage funds? Consider periods preceding hospitalizations, emergency room visits.....

If yes, please explain:

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26. Did someone else recommend a payee or conservator be appointed? For example, a legal payee was discontinued for non-clinical reasons, and a provider still considers the client incapable.....

If yes, please explain:

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27. Is there any other relevant information to judge the client capable or incapable of managing his/her funds? .....

If yes, please explain:

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## Structured Clinical Interview on Money Mismanagement (SCIMM)©

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

### **Note to the Interviewer:**

- Use space below each question to describe client's response to that question.
- These questions are designed as a guide to provide you with enough information to evaluate the criteria to rate the three sections of this interview. It is not necessary to answer every question nor do you have to ask the questions in sequential order as numbered. Use your judgment to decide if you need to ask additional questions or skip questions that do not apply.
- Questions requiring a response are denoted by asterisks \*
- When considering accuracy of self-report, take into account consistency across questions and instruments. Try asking questions in different ways to check for consistency.
- Use information collected from the chart to inform interview.

### **INTERVIEWER:**

1) *I'd like to talk to you about how you manage your money. I'm going to ask you a lot of questions. Okay?*

\* Is there anyone who handles your money for you or helps you manage your money (like a payee or conservator, or a family member or friend)?

\_\_\_Yes \_\_\_No (**Continue at #3 at Interviewer below**)

1a) **If "Yes":** Are your checks mailed directly to this person? \_\_\_Yes \_\_\_No

1b) Please explain the arrangement you have with this person (what kind of help do you receive?):

2) Were you recently assigned a representative payee, fiduciary, or conservator (if so, when)?

2a) If no, have you *ever* had a representative payee, fiduciary, or conservator?

2b) Why was one assigned?

2c) How long did that arrangement last?

2d) What happened to end the arrangement?

### **Note to the Interviewer:**

**If the client's response to #1 is "No," then the client manages his/her own funds. Proceed with the interview and review client's funds management during the past six months.**

**INTERVIEWER:**

*First, let's talk about how much money you have been getting over the last year.*

3) Do you receive money from Social Security? \_\_\_ Yes \_\_\_ No

**If "Yes,"**

3a) How much per month? \_\_\_\_\_

3b) When did you start receiving Social Security benefits? \_\_\_\_\_

4) From the Veterans Administration? \_\_\_ Yes \_\_\_ No

4a) **If "Yes,"** How much per month? \_\_\_\_\_

5) Are there other places you have gotten money from? \_\_\_ Yes \_\_\_ No

**(If "Yes," ask for sources and amounts received. If client is unable to come up with any other sources, ask "What about Food Stamps, Lottery or gambling, winnings, family or friends....")**

**Note to the Interviewer:**

**These questions probe for whether the client has:**

**1) had difficulty meeting basic needs, and**

**2) spent funds for basic needs on nonessentials during the past six months.**

6. Have you earned any money by working (include "under the table" work, odd jobs)?

If "Yes," How much in the last 28 days? .....\$ \_\_\_\_\_

7. Have you gotten money by any other way that may have been risky or dangerous (stealing, prostituting, selling medication, panhandling)?

If "Yes," How much in the last 28 days? .....\$ \_\_\_\_\_

8. Have you received support (money, food, housing) from anybody in the last 28 days? \_\_\_\_\_

**Section A**

1. Starting with your current residence, let's review where you have been living over the past six months, starting with your most recent living situation.

**Note to the Interviewer:**

**If item #1 was not answered clearly, ask questions 2 through 6.**

**In the past 6 months:**

2) Were there times you lived in a shelter or temporary residence program? How did that come about?

3) Were there times you did not have a place to stay so you stayed outside, in a car, or someplace else uncomfortable?

If "Yes," How did that come about?

4) Were there times you went to a soup kitchen or shelter because you did not have enough to eat?

If "Yes," please explain.

5) Were there times you were hungry because you did not have enough to eat? (Explain; how often did that happen? What happened because of that: lost weight? worsened medical condition such as diabetes? other?)

6) Were there times you were cold, wet or did not have the appropriate clothing or shoes for the season? (Explain; what happened because of that?)

7) In the last 6 months, have you missed a medication, medical appointment, or treatment because you couldn't pay for it? Please explain.

7a. What happened because of that? (illness, change in medication, withdrawal, etc.)

*Now I'm going to ask about how you spend your money.*

8a. Is your check deposited into an account?

8b. Describe what you do with your benefit check when you get it?

8c. If "No," Who does your benefit check go to?

**If appropriate follow-up with:**

***Do you save some of it for later in the month?***

***Spend it all?***

9) Can you tell me what you spend your money on in a typical month?

**If client is unable to list expenses, ask: What about...**

9a. Utilities (electric, gas,  
water, phone, heat)  
\$ \_\_\_\_\_

9b. Rent  
\$ \_\_\_\_\_

9c. Food  
\$ \_\_\_\_\_

9d. Clothing  
\$ \_\_\_\_\_

9e. Transportation  
\$ \_\_\_\_\_

9f. Miscellaneous / Other  
\$ \_\_\_\_\_

9g. Alcohol  
\$ \_\_\_\_\_

9h. Drugs  
\$ \_\_\_\_\_

9i. Cigarettes  
\$ \_\_\_\_\_

9j. Gambling  
\$ \_\_\_\_\_

9k. Health /Medical  
\$ \_\_\_\_\_

10) Have there been times when you got your check and spent it before the end of the month? If **“Yes,”** please explain.

**11) If client spent money on non-essentials, then ask, *Were you unable or having difficulty paying for...***

11a. Rent? (If **“Yes,”** ask for details.)

11b. Food? (If **“Yes,”** ask for details.)

11c. Clothing? (If **“Yes,”** ask for details.)

11d. Do you have outstanding debt? To whom?

11e. If yes, how much money do you owe altogether?

11f. How did you get into debt?

11g. Has your debt caused you any problems?

11h. Do you have a plan to deal with the debt?

12) During the last six months, were you ever pressured into giving someone money or a gift? **If yes**, please explain.

12a. About how much altogether did you give away?

12b. Did that cause problems for you (Difficulty paying a bill? Going without something you needed for yourself?)

13) During the past six months, did you lose some of your money or have it stolen from you? If "Yes", please explain.

13a. How much was lost or stolen, altogether?

13b. How often does that happen?

14. Did you share housing with someone else to help pay the rent, even though it put your safety or your housing at risk?



**Score Section A:**

**Note to the Interviewer:**

Using the instructions in this box and provided in more detail at the end of this questionnaire, please score Section A.

**A1. Basic needs have not been met.**

Circle one of the following four choices in response to the statement above.

? = Inadequate Information

1 = Absent or False

2 = Subthreshold

3 = Threshold or True

**A2. Funds needed for basic needs were spent on something else.**

Circle one of the following four choices in response to the statement above.

? = Inadequate Information

1 = Absent or False

2 = Subthreshold

3 = Threshold or True

**How to score Section A:**

Basic needs not being met means not having stable housing, adequate food or adequate clothing. A2, spending funds needed for basic needs on something else, is scored only if basic needs are not met (subthreshold or threshold is scored for A1), and refers to spending on things that are not essential

**Important Points:**

A2 should be scored as “Absent or False” if:

- a) the client does not receive enough funds to cover basic needs OR
- b) the client is meeting basic needs despite non-essential spending

**Note to the Interviewer:**

**This Section asks questions probing whether the client has spent substantial benefit funds on something that harmed the client. The Section first asks questions about substance use and then about gambling.**

***Now I'm going to ask you more about your drinking habits.***

- 1) What are your drinking habits like?
  
- 2) How much do you drink?
  
- 3) Has there ever been a time in the past months when you had five or more drinks on one occasion? How many times did that happen over the last 6 months?
  
- 4) When during the six months were you drinking most?
  
- 5) How long did that period last?

***During that time...***

- 6) How often were you drinking?
  
- 7) What were you drinking?
  
- 8) How much?
  
- 9) Did your drinking cause any problems for you (health, legal)? **If "Yes,"** please explain.
  
- 10) Did anyone object to your drinking? **If "Yes,"** please explain.

***Now I'm going to ask you more about your smoking habits.***

11a) Do you smoke?

11b) How much do you smoke per day?

11c) How long have you smoked this amount?

11d) In the last 6 months, what was the most that you smoked? How long did that last?

12) Has your smoking caused health problems, or made health problems worse, for you in the last 6 months? Has your smoking caused you any other problems besides health (relationships, increased stress, financial problems)? Please explain.

13) Has anyone recommended that you quit or cut down on your smoking?

***Now I am going to ask you about your use of drugs or medicines.***

14) During the past six months, have you taken any of the following to get high, to sleep better, to lose weight, or to change your mood?

14a) Sedatives (e.g., Klonopin, Valium, Xanax, Ativan) If yes, how often and how much?

14b) Marijuana If yes, how often and how much?

14c) Stimulants (amphetamine, "speed", crystal meth, Dexedrine, Ritalin, "ice" or other) If yes, how often and how much?

14d) Opioids (heroin, morphine, Oxycontin, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid) If yes, how often and how much?

14e) Cocaine/Crack If yes, how often and how much?

14f) Hallucinogens (LSD, PCP, "illie", "angel dust", Ecstasy, MDMA, or other) If yes, how often and how much?

14g) Other drugs: Steroids, "glue", paint, non-prescription pain or sleep meds. If yes, how often and how much?

14h) Prescription medications that belonged to someone else, were more than you were prescribed, or taken by a different route than prescribed (e.g., crushing and snorting instead of pill)

***For STREET drugs used:***

15) During the **past six months** when were you using the drug the most? How much were you using at that time? How long did that period last?

***For PRESCRIBED drugs used:***

16) During the **past six months** did you ever get hooked (become dependent) on (PRESCRIBED DRUG) or take much more of it than was prescribed? How much did you take? How long did that period last?

17) How many months in the past six months did you use (drug of choice) at least one time?

***Now I'm going to ask you more about your gambling habits. By gambling, I'm including things like buying lottery tickets and playing the numbers.***

18) When in the **past six months** have you gambled most?

***During that time...***

19) How often were you gambling?

20) What kind of gambling did you do?

21) How much did you lose when you gambled?

22) Did your gambling cause any problems for you? (debt, placed you at risk of harm)?

23) Do you owe anybody money from gambling?

If "Yes"

20a. How much? \$\_\_\_\_\_

20b. Did they threaten or pressure you to pay? Please explain.

**Note to the Interviewer:**

**Discuss the following questions in reference to any Substance Use or Gambling expenditures that may have harmed the client.**

24) How did you pay for the [alcohol, drugs, cigarettes, gambling]?

25) Did you pay with money or by doing something in return (work, provide housing, prostitution) for the [alcohol, drug, gambling money]?

**Score Section B:**

**Note to the Interviewer:**

Using the instructions in this box and provided in more detail at the end of this questionnaire, please score Section B.

**Substantial benefit funds spent on something that harmed the client.**

Circle one of the following four choices in response to the statement above.

? = Inadequate Information

1 = Absent or False

2 = Subthreshold

3 = Threshold or True

**How to score section B:**

**Substantial benefit funds spent on something that harmed the client require:**

1. Harmed by substance abuse or gambling  
AND
2. A non-trivial amount of client's funds were used for substance and/or gambling

## Section C

**Note to the Interviewer:**

**These questions probe for whether the client's past misspending is likely to continue. If there has been no past misspending, do not ask these questions and score this Section with a 4, No Past Misspending**

***I am going to ask some questions about your past and future, The purpose of these questions is to understand what your plans are, and how they relate to your past..***

1) What are the biggest changes that are likely to occur in your life in the next few months (consider new job, treatment, move/change living arrangements, change in relationships or financial dependents)?

2) Where will you be living in the next few months?

3) How successful have you been at staying abstinent (from drugs or alcohol) in the last five years?

4) What has been the longest period of time you were abstinent in the last five years?

5) When did that period of sobriety end?

6) What happened that caused it to end?

7) What happened during that time that helped you to not use drugs or alcohol?

8) Do you think you will make different spending decisions in the next year than you did in the last year (consider planned purchases, change in treatment, change in living arrangement, change in income or insurance, change in smoking or gambling habits, change in substance use)?

**Score Section C:**

**Note to the Interviewer:**

Using the instructions in this box and provided in more detail at the end of this questionnaire, please score Section

**The client's past misspending (on harmful things) is likely to continue.**

Circle one of the following four choices in response to the statement above.

- ? = Inadequate Information
- 1 = Not likely
- 2 = As likely as not
- 3 = More likely than not
- 4 = Not applicable (no past misspending)

**How to Score Section C:**

Client is likely to stop misspending given level of motivation, plan and history.

**Important Point:**

This section should be coded as "not likely" if the interviewer's judgment is that planned treatment will not prevent misspending in the next six months. For example, the interviewer should judge a client who plans to enroll in a residential substance abuse treatment program as unlikely to change spending if the client has a pattern of relapsing in six months or less from similar treatment facilities.

**The client's misspending (not meeting basic needs) is likely to continue.**

- ? = Inadequate Information
- 1 = Not likely
- 2 = As likely as not
- 3 = More likely than not
- 4 = Not applicable (no past misspending)

Stop Time: \_\_\_\_\_

***The Interviewer should score each section (A, B, and C) of the SCIMM prior to proceeding.***



**Continuous SCIMM Measures**

**Note to the Interviewer:**

**Based solely on the SCIMM, answer the items on the following pages.**

- 1) \*Number of episodes of homelessness (includes sleeping outdoors, in a car, in an emergency shelter, in someone else's home temporarily): \_\_\_\_\_
- 2) \*Total days spent homeless, which (includes sleeping outdoors, in a car, in an emergency shelter, in someone else's home temporarily): \_\_\_\_\_
- 3) \*Amount of money spent on alcohol in the month with most use: \_\_\_\_\_
- 4) \*Amount of money spent on alcohol in a typical month: \_\_\_\_\_
- 5) \*Number of months with any use of alcohol to intoxication: \_\_\_\_\_
- 6) \*Amount of money spent on drugs in month with most use: \_\_\_\_\_
- 7) \*Amount of money spent on drugs in a typical month: \_\_\_\_\_
- 8) \*Number of months with any use of drugs: \_\_\_\_\_
- 9) \*Substance-related harm (Yes or No): \_\_\_\_\_  
If "yes,"
  - 9a. \*Use in a hazardous situation, use risking physical harm: \_\_\_\_\_
  - 9b. \*Substance-related legal problems: \_\_\_\_\_
  - 9c. \*Worsened social or interpersonal problems: \_\_\_\_\_
  - 9d. \*Worsened psychiatric condition: \_\_\_\_\_
- 10) \*Gambling-related harm met (Yes or No): \_\_\_\_\_  
If "yes,"
  - 10a. \*Owes money to someone who pressures or threatens: \_\_\_\_\_
- 11) \*The percentage of the last 5 years with active substance use. \_\_\_\_\_%

**Note to the Interviewer:**

Use the following scale for items numbered 12 – 13 below. Record your response next to each statement.

**Motivation Ratings:**

- 7: Strongest possible
- 6: Strong
- 5: Moderately strong
- 4: Neither strong nor weak
- 3: Moderately weak
- 2: Weak
- 1: Weakest possible

\*12) Motivation to spend money for basic needs in the next six months: \_\_\_\_\_

\*13) Motivation to abstain from drugs/alcohol in the next six months: \_\_\_\_\_

**Note to the Interviewer:**

Use the following scale for items numbered 14 – 16 below. Record your response next to each statement as it applies to the next SIX MONTHS.

**Likelihood Ratings:**

- 7: Highly likely
- 6: Likely
- 5: More likely than not
- 4: Equally likely and unlikely
- 3: More unlikely than likely
- 2: Unlikely
- 1: Highly unlikely

14) \*Likelihood of spending money to meet basic needs: \_\_\_\_\_

15)\* Likelihood of avoiding harm from drugs/alcohol: \_\_\_\_\_

16) \*Likelihood of living in stable housing: \_\_\_\_\_

17) Client's future housing plan: \_\_\_\_\_

Choose from:

- 1 = Own apartment
- 2 = Supervised apartment
- 3 = Residential treatment
- 4 = Family residence
- 5 = Other: \_\_\_\_\_

**Other Records**

**Research Assistant Assessments**

**Instructions:** Review the Research Assistant Assessments and summarize information below that is relevant to the client’s functioning over the last six months in the domains of basic needs, impaired judgment, victimization, alcohol, drugs, gambling, money spent on non-essentials, severe psychiatric symptoms and harmed by substances.

1. Baseline Characteristics

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2. Beck Depression Inventory II

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3. Patient-rated Quality of Money Management

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4. Timeline Follow-back Calendar

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5. Residential Follow-back Calendar

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**Information from Other Treaters or Significant Others**

***This section is optional. Contact other clinicians, treaters, or significant others if information from other sources is inconsistent, unavailable, or unclear.***

Indicate the role of the person interviewed from the choices below \_\_\_\_\_

- 1- Inpatient Clinician
- 2- Outpatient Primary Clinician
- 3- Residential Staff
- 4- Case Manager
- 5- Other (specify) \_\_\_\_\_

**A. Information about ability to meet basic needs over last six months**

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**B. Information about misspending**

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**C. Information about buying drugs and/or alcohol**

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**D. Information about being harmed by drugs or alcohol**

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E. Information about periods of impaired judgment, disorganized behavior

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F. Information about victimization, supportive or challenging aspects of social environment

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G. Information about other considerations about capability, e.g. someone else's recommending a payee/conservator, a physical condition suggesting incapability, a new intervention likely to improve the client's funds management

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H. Other

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**Reconcile Different Sources of Information**

Data discrepancies:

- Consider all available, over-time data in making final ratings
- Use judgment to determine reliability of different sources of information. Presume people’s presentation of their money management is the best possible scenario (if it is much different than chart and other sources, it is probably an overestimate; if it is worse, it is probably more accurate), and weigh sources that seem more reliable more heavily.

**Score Criterion A**

**Basic needs have not been met.**

Indicate one of the following four choices in response to the statement above.

- ? = Inadequate Information
- 1 = Absent or False
- 2 = Subthreshold
- 3 = Threshold or True

Score Criterion A based on the SCIMM \_\_\_\_\_

\*Subscore A based on *all available* data \_\_\_\_\_

If two scores differ, explain reason for difference:

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**Funds needed for basic needs were spent on something else.**

- ? = Inadequate Information
- 1 = Absent or False
- 2 = Subthreshold
- 3 = Threshold or True

Score Criterion A based on the SCIMM (from page 6) \_\_\_\_\_

\*Subscore A based on *all available* data \_\_\_\_\_

If two scores differ, explain reason for difference:

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**Score Criterion B**

**Substantial benefit funds spent on something that harmed the client.**

**Circle one of the following four choices in response to the statement above.**

**? = Inadequate Information**

**1 = Absent or False**

**2 = Subthreshold**

**3 = Threshold or True**

**Score Criterion B based on the SCIMM \_\_\_\_\_**

**\*Score Criterion B based on *all available* data \_\_\_\_\_**

**If two scores differ, explain reason for difference:**

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**Score Criterion C:**

**\*The client's past misspending (on harmful things) is likely to continue.**

Circle one of the following four choices in response to the statement above.

- ? = Inadequate Information
- 1 = Not likely
- 2 = As likely as not
- 3 = More likely than not
- 4 = Not applicable (no past misspending)

Score from Criterion C based on the SCIMM \_\_\_\_\_

\*Subscore C based on *all available* data \_\_\_\_\_

If two scores differ, explain reason for difference:

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**\*The client's misspending (not meeting basic needs) is likely to continue.**

- ? = Inadequate Information
- 1 = Not likely
- 2 = As likely as not
- 3 = More likely than not
- 4 = Not applicable (no past misspending)

Score Criterion C based on the SCIMM \_\_\_\_\_

\*Subscore C based on *all available* data \_\_\_\_\_

If two scores differ, explain reason for difference:

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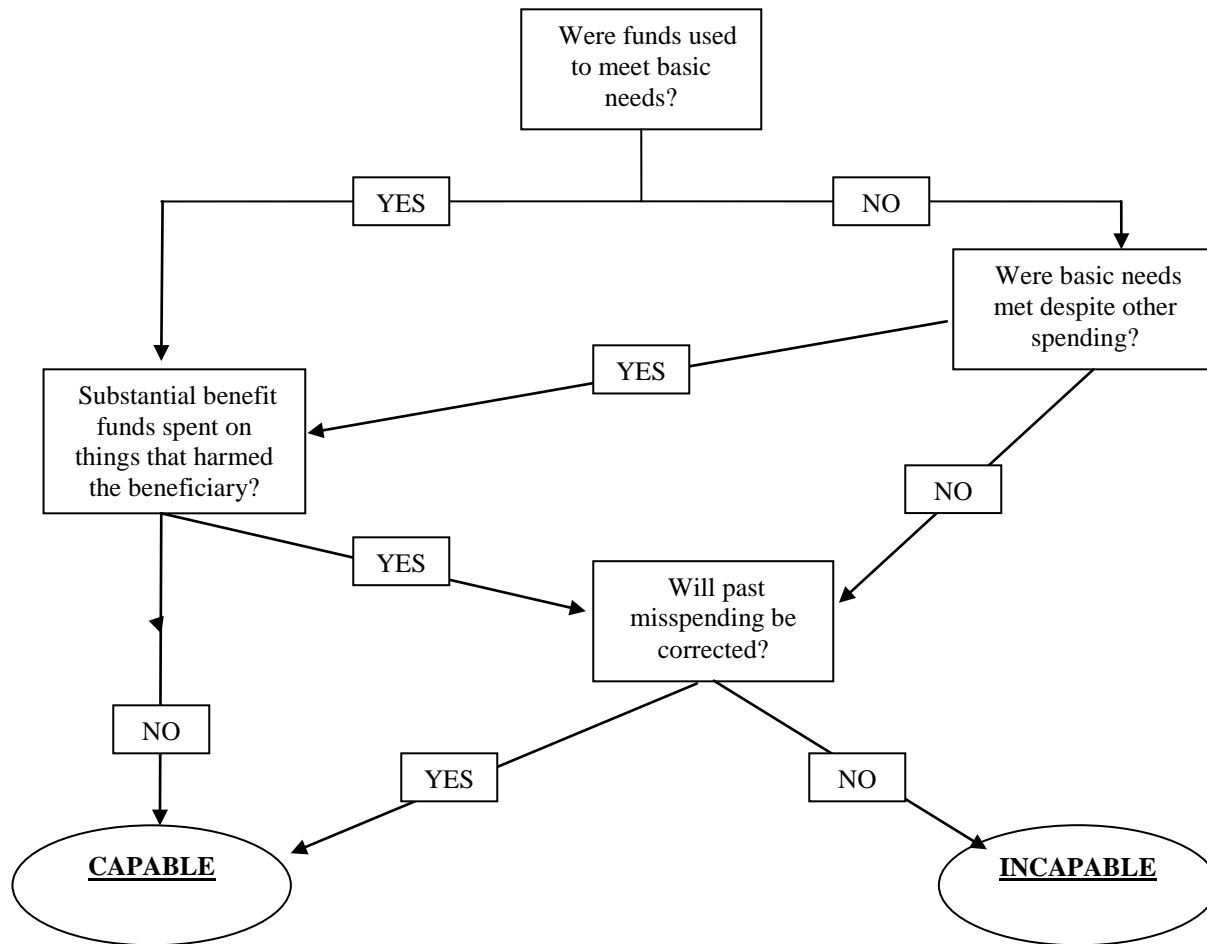
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Considering all of the information you have gathered, use the algorithm below to determine whether the client is capable of managing his/her funds. **Please consider that patients should be determined capable unless there is evidence to indicate they are not capable.**



\*31 \*Based on the algorithm, the client is capable of managing his/her funds.

No \_\_\_ Yes \_\_\_

32. There are other considerations that lead me to override the algorithm and arrive at a different conclusion than indicated by the three criteria:

**0= No**

**1= Yes**

If yes, I came to a different conclusion because of:

- a) Impaired Judgment and Disorganized Behavior 0 = No 1 = Yes
- b) Someone else recommended a payee or conservator be appointed 0 = No 1 = Yes
- c) Someone else opposed payee assignment 0 = No 1 = Yes
- d) A physical condition suggests the person is incapable 0 = No 1 = Yes
- e) A new intervention is likely to improve the client's funds management 0 = No 1 = Yes
- f) Other: \_\_\_\_\_ 0 = No 1 = Yes

\*33 In my opinion, the client is capable of managing his/her funds. No \_\_\_\_ Yes \_\_\_\_

\*34. Based on all available information, including any additional considerations outlined in #32, rate the *extent* to which the client is capable of managing his/her funds:

- 6. Completely Capable
- 5. Mostly Capable
- 4. Slightly Capable
- 3. Slightly Incapable
- 2. Mostly Incapable
- 1. Completely Incapable

35. How certain are you that you had sufficient data to make this rating?

- 0: Not at all certain
- 1: Slightly certain
- 2: Moderately certain
- 3: Mostly certain
- 4: Completely certain

36. Overall, how certain are you that you answered question #33 on this form accurately?

- 0: Not at all certain
- 1: Slightly certain
- 2: Moderately certain
- 3: Mostly certain
- 4: Completely certain

## Rater Guidelines

Instructions for scoring the three criteria used for determining incapability to manage funds.

### Section A

#### **The client has not met basic needs.**

##### Discussion:

- Not meeting basic needs is determined by observable, measurable harm or risk of imminent harm (e.g. weight loss, exacerbated symptoms when medication is not taken), not minor discomfort (missing an occasional meal). Note that someone with a seemingly minor hardship (e.g. missing a meal) might meet criterion if the person is particularly harmed by a missed meal because of something about that individual.
- If a client does not spend funds to meet basic needs but is able to meet basic needs in some other way, then this criterion for incapability is not met. It is possible to meet basic needs by planned use of food kitchens for food and planned use of public shelters for housing.

Information needed to decide on the criterion: The rater has to learn how the client met the need for food, clothing and shelter. In instances when these needs were met by use of other public services or met in less than optimal ways (e.g., sleeping outside), the rater has to learn the circumstances surrounding use of these means.

Controversial Items: Clients may meet their basic needs in a wide variety of ways.

For example, a client may choose to live in a shelter rather than an apartment.

However, certain circumstances suggest that basic needs were not met:

- The use of the shelter (or other sub-optimal arrangements) was necessitated by other expenditures, and was unwelcome. For example, a client who had an acceptable apartment who lost the apartment because of mispending, and is now living in a shelter did not meet their basic needs.
- The need was not met. For example, sleeping outside in the rain is not meeting the need for shelter, even if the client does not complain about sleeping outside.

#### **Funds needed for basic needs were spent on something else.**

Discussion: If basic needs were not met, was money spent on something else?

- Public support payments are intended to provide for clients' basic needs. When a payee is assigned, the payee is given the mandate to see that clients' funds are used to provide for their basic needs.
- The criterion allows the rater to distinguish between not meeting basic needs because of poverty, as opposed to not meeting basic needs because funds were spent on other items.

Some clients don't misspend their money; they just don't have enough money, no matter how it is spent. These clients are poor, not incapable.

- Clients can prioritize what they choose to spend their money on. If the client prioritizes paying for a non-essential item over an essential one, the criterion is not met unless there is a large risk of harm as a result of this decision. For example, a client who chooses to pay for surgery for a pet and therefore pays rent late may not sustain any observable harm. However, if the person is at high risk for eviction as a result of the pet expenditure (e.g. receives an eviction notice), this would likely meet criteria. It depends on how much harm the misspending does.

Information needed to decide on the criterion: The main information needed here is how the client has spent funds over the past six months, and whether the funds were spent for essentials or for non-essentials.

Funds may be misspent by chance. In other instances, clients may be victimized by people who swindle them or pressure them to pay too large a share of rent and household expenses.

Controversial items:

Because few clients allocate all of their funds to meet basic needs, the rater makes a judgment about whether significant money was spent on non-essentials instead of to meet basic needs.

For example, a homeless client who spent needed rent money on a cell phone did not spend money to meet basic needs. However, if this same client only received \$200 per month and was paying \$30 per month for a cell phone and \$170 per month for essentials, this client would not meet criteria. The \$30 does not alter the fact that \$200 a month is not enough to pay rent. The non-essential spending is not significant- it has no bearing on whether or not basic needs were met.

Obviously, money spent for alcohol, illicit drugs and gambling is being spent on non-essentials.

## Section B

### **Substantial benefit funds spent on something that harmed the client**

Discussion: Was a substantial amount of benefit money spent on something that caused harm?

- This criterion arises from several sources: 1) the defunct SSA program that assigned all addicts payees, 2) state statutes indicating that substance abuse disorders may necessitate assigning a conservator to a client, and 3) SSA's rules calling for payee assignment when it is in the best interest of the client (reviewed in Rosen and Rosenheck, 1999).
- In order to meet this criterion, client needs to have spent a substantial amount of their benefit money on something that caused harm, as measured by the DSM criteria below.
  - A client who is sensitive to drugs does not need to spend a lot to be harmed while another client can spend a lot on drugs and not be harmed. Criteria B is not met if only a small amount of money was spent.
  - Harm from drugs, alcohol or gambling that are acquired some other way (prostitution, in-kind, work for drugs) is a substance use/gambling problem, not a financial problem, and therefore does not meet criteria.
  - In deciding whether substance use constitutes financial incapability, consider the extent that financial decision-making contributed to the problem.
- Defining harm: Try to determine if during the past six months, the client has been harmed by recurrent substance use as evidenced by any of the following DSM criteria:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)
- Tolerance, as defined by either of the following:
  - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - b. markedly diminished effect with continued use of the same amount of the substance  
*(Note: Tolerance is not counted for those taking medications under medical supervision such as analgesics, antidepressants, ant-anxiety medications or beta-blockers.)*
- Withdrawal, as manifested by either of the following:
  - a. the characteristic withdrawal syndrome for the substance
  - b. the same (or a closely related) substance is taken to relieve or avoid withdrawal

symptoms

*(Note: Withdrawal is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)*

- There is a persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

Information needed to decide on the criterion: The rater follows up on any previous statements suggesting that funds were used for drugs, tobacco, gambling or other purchases that caused the client substantial harm. The rater reviews how much money was spent on these other expenses, and whether the expenses caused substantial harm.

Controversial Items: The definition of substantial harm comes from the DSM criteria for substance abuse. The DSM criteria for a Substance Abuse diagnosis require that the substance use led to “clinically significant impairment and distress,” and goes on to define these as either a failure to fulfill major role obligations, recurrent use in situations in which use is hazardous, recurrent substance-related legal problems, or recurrent social problems exacerbated by substance use.

Similar reasoning applies to spending money to gamble. The harm incurred by gambling in this population is primarily the risk of being harmed by people who are owed money.

## Section C

### **The client's past misspending is likely to continue.**

**Discussion:** The previous two criteria assume that clients who have been functionally incapable of managing their funds in the previous six months will be unable to manage their funds in the coming year. This criterion asks assessors to predict whether past misspending will continue into the future.

- Consider patterns of behavior over the past five years.
- This criterion should only be rated if the client met one of the above criteria. If there was no past misspending, this criterion was not met.
- Do not consider someone incapable just because current supports are unstable. In the absence of other information, assume current supports/status/functioning will continue into the future.
- Have circumstances changed so that past misspending is not likely to recur? There are multiple ways in which this could occur. For example, manic symptoms associated with past misspending could be addressed by a new medication regimen, or substance use might be addressed by enrolling in a residential substance abuse treatment program.
- Imminent change in status (e.g. moving, being discharged from residential placement, getting divorced) may suggest financial capability should be re-assessed after the change, but capability should be rated based on current functioning.

**Information needed to decide on the criterion:** The rater needs to review each of the spending difficulties identified in the previous sections and review how the client plans to handle the decision in the future.

**Controversial Items:** The rater must make a subjective judgment – does the client have an adequate plan to address past difficulties? Some guidelines apply. If the client cannot articulate a plan to correct past misspending, it is unlikely that the client can avoid future misspending. Second, the rater should consider whether the client's plan is likely to work for at least the next six months. For example, the rater might conclude that enrollment in a residential substance abuse treatment program is unlikely to change spending for someone who has been in that facility before and left it to use drugs.