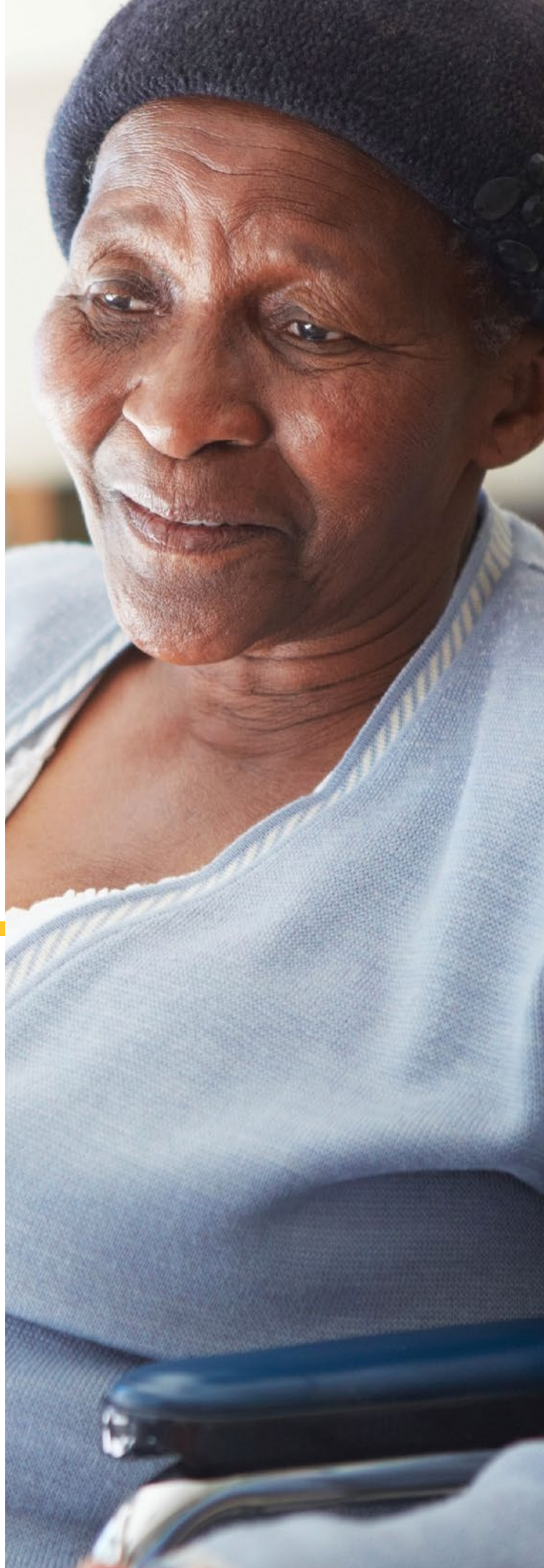
NYLAG
New York Legal Assistance Group

HELPING THOSE WHO CAN NO LONGER HELP THEMSELVES

A Needs Assessment of Legal Services for Families of Adults who are Incapacitated



LegalHealth
A Division of NYLAG

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THIS NEEDS ASSESSMENT FOCUSES ON A **GROWING POPULATION OF MAINLY ELDERLY INDIVIDUALS WITH DIMINISHED OR NO CAPACITY** WHOSE FAMILIES FACE LEGAL AND FINANCIAL BARRIERS TO AIDING THEM.

This report focuses on the extent of the problem in New York City medical facilities, including the population that is most at risk, what programs and services currently exist to assist families, and the best way to serve these needs. In addition, it will provide recommendations to meet the needs of this population, which includes providing more training on assisting incapacitated patients, enhancing legal services for families of incapacitated patients, and developing a program to enhance the use of single transaction guardianship. These programs will enable patients with limited or absent capacity to receive care in the least restrictive setting, using the least restrictive means.

IDENTIFYING THE PROBLEM

LegalHealth, a division of the New York Legal Assistance Group (NYLAG) operates 40 clinics in medical facilities and community based health centers around New York City. At these clinics, attorneys provide free civil legal services to low-income clients. When social conditions pose a barrier to improved health, the LegalHealth team advocates for the patient's right to access care, basic benefits, stable housing, and immigration remedies. In addition to on-site legal clinics, LegalHealth trains healthcare professionals to recognize legal issues that may negatively affect medical outcomes.

Over the years a recurring pattern has emerged at LegalHealth clinics. A family member of a patient will make an appointment to meet with an attorney. When they arrive at the appointment they lay out a number of issues that are negatively impacting the health of their family member. They range from housing issues, public benefit applications, immigration concerns, and a number of other matters. Our attorneys will ask them if they are authorized under a power of attorney to act as their family member's agent. If a family member does not have the appropriate authorization, our attorney may present them with a few options, narrowly tailored to each situation. However, in many situations, when there is no specific remedy, the primary option families have is petitioning the court for the appointment of a guardian. If a family member is appointed as a guardian, they would then have the authority needed to provide necessary assistance.

The appointment of a guardian is a complex legal process which can be time consuming and expensive. LegalHealth does not currently offer guardianship petitioning services, and for these cases our attorneys are forced to refer

them to private counsel. A similar situation occurs when we meet with the patient and their family and learn, after conducting a capacity assessment on the patient, that the patient does not have the capacity to complete a power of attorney.

As a result, the needs of these patients often go unmet. Unable to enroll their family member in Medicaid, some patients get stuck in the hospital, waiting in limbo for the hospital itself to hire counsel to petition for guardianship. In other cases, families are unable to access the resources necessary to provide a stable and safe home environment and the patients are forced to live in an institutional setting like a nursing home. Families can sometimes find alternatives to guardianship, though it is unclear how many of them are aware of such options.

This report examines the need for additional services for patients who lack capacity or who have diminished levels of capacity. Prior to this study, we were aware of the need for additional assistance, but not the extent of the need and whether the need was being met by other organizations. By examining the options for patients with diminished or absent capacity, as well as the need presented at the clinic sites where LegalHealth currently provides assistance to low-income patients and their families, we are able to draw conclusions on how to best serve this need. While guardianship is one of the primary focuses of this report, we have found that, in many cases it is not necessary, overly restrictive and can be avoided through the judicious use of an alternative.

GUARDIANSHIP IN NEW YORK

New York State has two types of guardianship. Article 17-A of the Surrogate's Court Procedure Act (17-A guardianship) establishes guardianship for the intellectually and developmentally disabled. 17-A guardianship was created in 1969 to enable parents of children with intellectual or developmental disabilities to gain guardianship over their child once the child reaches the age of majority. Article 81 of the Mental Hygiene Law (Article 81 guardianship) establishes guardianship for all other adults. Article 81 guardianship was created in Chapter 698 of the Laws of 1992 in response to laws on conservatorship that were inadequate to meet the needs of New Yorkers with diminished or no capacity. Our report focuses on the latter.

The Article 81 process for appointing a guardian is designed to protect individuals from having their rights taken away without proper protections. This risk was best summarized by Congressman Claude Pepper in a 1987 congressional hearing on guardianship, where he said: "The typical ward has fewer rights than the typical convicted felon. They can no longer receive money or pay their bills. They cannot marry or divorce. By appointing a guardian, the court entrusts to someone else the power to choose where they will live, what medical treatment they will get and, in rare cases, when they will die. It is, in one short sentence, the most punitive civil penalty that can be levied against an American citizen, with

the exception, of course, of the death penalty."[1] Legislatures, in response to the concerns expressed by Congressman Pepper, have crafted laws to provide as many protections as possible to prevent any unnecessary removal of individuals' rights.

The appointment of a guardian begins with a petition to appoint a guardian for an alleged incapacitated person (AIP). Anyone can petition for guardianship. The petitioner is not necessarily the individual that will become the guardian, if one is appointed and sometimes the petitioner can seek guardianship and explicitly state they do not want to act as the guardian. One 2016 study that examined guardianship in New York found the following breakdown of petitioners:[2]

Family or Friend	43%
Social Service or Adult Protective Services	22%
Nursing Homes	15%
Hospitals	10%
Other Institutions	4%
Other	4%
Not Available	4%

In practice, petitioning for Article 81 guardianship is very difficult for individuals without legal representation. The process of appointing a guardian requires the petitioner to provide notice to all interested parties, the appointment of an attorney to represent the AIP, a court-appointed evaluator to observe the AIP in their home, and a judicial hearing. Conservative estimates of the time it would take an attorney to petition for guardianship in a case in which no one is contesting the guardianship is at least 20 hours.[3]

The Elder Law Clinic at Main Street Legal Service of CUNY School of Law released a guide for petitioning for a guardianship without an attorney, which is available on their website. The first paragraph of the introductory page reads:

"This instructional packet was created to assist individuals, who cannot afford an attorney, with guardianship proceedings. Because guardianship proceedings are very serious, can deprive a person of many rights, and are complex, we recommend that all individuals who can hire an attorney![4]"

Broome County Surrogate Court Judge Honorable David H. Guy said in a New York Senate roundtable on guardianship: "...Because of the constitutional protections built into an Article 81, in contrast to a 17-A, it's much more difficult for someone to do this pro-se. We have forms on our system and there are others in the state that have help desk... but the reality is it's a challenge to do an Article 81."[5]

To commence a guardianship proceeding, the petitioner must submit an Order to Show Cause and a verified petition. Article 81 guardianships are not driven by medical diagnosis, and documentation of medical conditions are not required as part of the Order to Show Cause. Article 81 is focused on functional limitations of the condition, not the

"The combination of an overburdened judicial system, petitioners who routinely request plenary authority, inadequate resources for independent evaluation, and the likelihood that the AIP will be unrepresented, result in far too little of the 'tailoring' to specifically proven functional incapacities that is the heart of the statute."

- FORMER JUDGE KRISTIN BOOTH GLEN[7]

condition itself. A petition must be narrowly tailored to the needs of the AIP, based on their functional limitations. The statute is drafted to favor keeping an individual as independent as possible in areas where they can still make decisions.

There are two categories of powers a guardian can be granted through an Article 81 appointment: guardianship over person and guardianship over property. MHL 81.21 enumerates the property powers, which provide for extensive controls available to manage an individual's finances. MHL 81.22 enumerates the personal needs powers, which include where the person lives, their social environment, whether the person can travel, drive a car, release medical information, or enroll in an educational institution. The petitioner must show through clear and convincing evidence that these powers are needed.

Once a court agrees to hear a guardianship petition, they will appoint an evaluator to assess the condition and needs of the AIP. The court evaluator is charged with writing a report about their findings and submitting it to the court. The report is required to contain a number of items, including if the AIP wants legal representation, if they speak English, how they are managing activities of daily living, what their wishes are regarding guardianship, who they would prefer to act as their guardian if one is needed, and if they are currently able to manage their own needs. The court evaluator is a neutral reporter, and the burden to show a guardian is needed still falls on the petitioner, no matter the contents of the report.

For Article 81 hearings, if the AIP can meaningfully participate, they must be permitted to do so, and if not, appearance can be waived. The court will do their best to accommodate the AIP, including coming to their bedside if necessary. At a hearing, physician-patient confidentiality applies, so the petitioner, without consent by the AIP, cannot use or gain access to medical records.

After the hearing the court can deny the petition, approve the petition and assign a guardian, or tailor the petition for the specific needs of the AIP. A guardian can be assigned for a limited period of time to assist with certain tasks, such as a hospital discharge or Medicaid enrollment with a spend down. Or the guardian can be assigned for an indefinite appointment. Once a petition is approved, the AIP is called a ward.

The court can, as an alternative to guardianship, ratify "any transaction or series of transactions necessary to achieve any security, service, or care arrangement meeting the foreseeable needs of the incapacitated person, or may authorize, direct, or ratify any contract, trust, or other transaction relating to the incapacitated

person's property and financial affairs if the court determines that the transaction is necessary as a means of providing for personal needs and/or property management for the alleged incapacitated person."[6] In practice, courts rarely use this statute. Rather, since the appointment of a guardian requires another court appearance and finding, they will often proceed with a guardianship petitioning hearing in an effort to ensure they don't have to either ratify future transactions or eventually appoint a guardian in the future.

Once a guardian is appointed, they are required to attend a training course on how to be a guardian. There are professional guardianship trainings offered through legal associations, the Brookings Institute, and other organizations. The Guardian Assistance Network, which operates out of the King's County Supreme Court offices, provides a training for lay guardians. A lay guardian is any non-professional guardian, including family members.

After 90 days, the guardian must report to the court on their activities. In addition, a guardian is required to report annually on their activities, even if they are limited in time or nature. Certain tasks may still require court approval after the appointment of a guardian. For example, a court may want specific approval when it comes to the sale of a ward's property.

The court can appoint a family member to act as guardian or another interested individual it deems

fit. For wards without a designated person to act as guardian, the court has a list of professional guardians they can appoint. There are also community guardians and non-profit guardianship agencies. This will be discussed in greater depth in the "Meeting the Need" section.

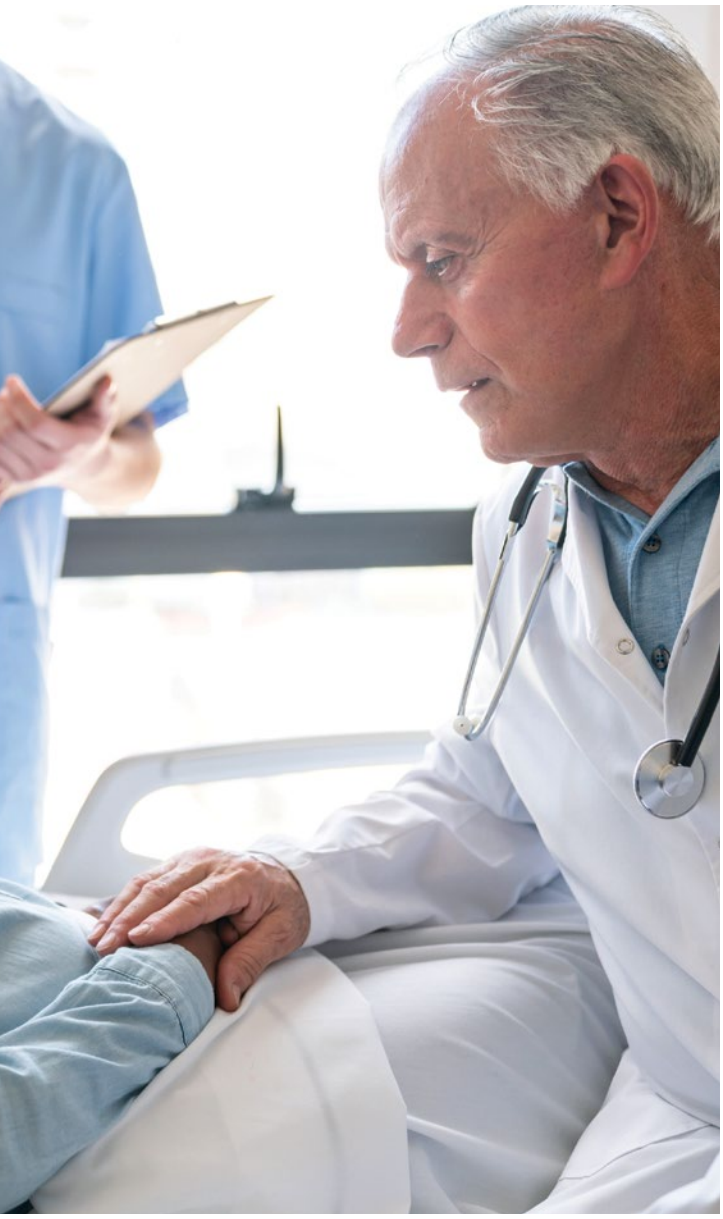
Guardianship petitioning is a complicated process that can be very expensive for lay guardians. Many of the individuals in need of a guardian are low-income and their families cannot afford to hire an attorney to petition for guardianship. There are currently few resources for individuals seeking guardianship that cannot afford to pay for a private attorney. Without a guardian, many legal and financial processes that are necessary for proper medical treatment cannot be commenced. The next section will examine alternatives to guardianship.

THE LEAST RESTRICTIVE ALTERNATIVE

Decision making capacity falls along a spectrum from full consciousness with complete faculties to a vegetative state. The individual's mental status or state and their capacity can fluctuate, and may even change, depending on the time of day. A person with Alzheimer's, for example, might have full capacity one day, and significantly diminished capacity the following day. Capacity can even fluctuate depending on the setting in which it is assessed. Clients may be able to understand an important legal document in a comfortable setting that is familiar to them, but when brought to a hectic or new/unfamiliar location, become so disoriented that they are unable to comprehend the same document.

Assessing capacity is an essential part of determining whether someone has the ability to understand legally binding documents, and whether they should be permitted to complete and sign legally binding instruments. It is not an easy task, especially since capacity itself is not medically binary, though at times, it seems like it is treated as such by the law. A person may have sufficient capacity to understand a legal document at the level necessary to sign it, but not the level necessary to amend it.

Legal autonomy, like capacity, is neither discrete nor fixed. It also falls along a continuum from complete legal autonomy to plenary guardianship. On one end of the spectrum a person is free to enter into contracts, control their finances, marry, choose where to live, decide their own medical treatment, and make countless other decisions over their physical and legal body. On the opposite end of the spectrum a person



has no control to do any of these things, cannot enter into a legally binding contract of any sort, and can't make decisions over their own physical care.

When seeking to aid an individual who does not have full capacity, it is appropriate to seek a mechanism that preserves as many of their liberties as possible. This is sometimes referred to as the "least restrictive means". One of the most important aspects of the Article 81 guardianship law is that people are entitled to the least restrictive form of intervention necessary to assist them in meeting their needs. The legislature found "... that it is desirable for and beneficial to persons with incapacities to make available to them the least restrictive form of intervention which assists them in meeting their needs but, at the same time, permits them to exercise the independence and self-determination of which they are capable."[8] Guardianship should be seen as a last resort, and when an order of guardianship is issued, it should be narrowly tailored to meet the specific needs of the ward. Individuals should be allowed to retain as much independence and autonomy as possible, and the wishes, preferences and desires should be both respected and followed whenever possible.[9]

ALTERNATIVES TO GUARDIANSHIP

There are many alternatives to guardianship that maintain a person's independence while still providing them with the necessary assistance. These alternatives exist for individuals who have diminished or absent capacity. In most cases, the alternatives are narrowly tailored to the needs of the individual and their capacity to understand and consent to certain legal documents. New York courts have held that "even if all the elements of incapacity are present, a guardian should be appointed only as a last resort, and should not be imposed if available resources or other alternatives will adequately protect the person."[10]

Advance directives including living wills, health care proxies, and powers of attorney are ideal solutions for most situations. All of these legal instruments respect the autonomy of an individual by putting the decision in their hands about who can assist them and how they can be assisted. In addition, these documents are revocable and do not remove any rights from the individual. These forms require capacity on the part of the designator, but, depending on the specifics of the limitations, they can still be completed by individuals with diminished capacity. Even if a person is not fully functional, if they can understand what the instrument does and its implications, they have sufficient capacity to complete it.

For healthcare decisions in hospitals, nursing homes, and hospices, the Family Health Care Decisions Act (FHCDA) can grant power to family members or close friends to make healthcare decisions on behalf of another. Surrogate decision makers are empowered to make medical decisions after physicians determine a patient is incapacitated. The FHCDA has a hierarchical list of people that can act as healthcare surrogates, who are permitted to make routine medical decisions as well as decisions to withdraw or withhold medical treatment. At the top of the list is an Article 81 guardian. However, Article 81 guardians

are not permitted to make medical decisions unless it is a power specifically granted to them by the guardianship order.

Certain public benefit programs have provisions that enable a family member or other caregiver to assist a person without capacity. The Social Security Administration allows representative payees to be appointed for a person, a process that can occur after a person has lost capacity.[11] The Medicaid program permits an authorized representative to apply for Medicaid benefits for a person without capacity. as well as manage the benefits.

Despite the many alternatives to guardianship, at times, a guardianship appointment is the only means to perform certain transactions on behalf of an individual without capacity. When guardianship is unavoidable, the Article 81 guardianship law indicates that guardianship powers should be "limited to those which the court has found necessary to assist the incapacitated person in providing for personal needs and/or property management."[12] In addition, the courts are permitted and encouraged to provide dispositional alternatives to guardianship. One of the primary ones, found in MHL 81.16(b), allows for courts to ratify transactions. The court is also permitted under this provision to appoint a special guardian to "assist in the accomplishment of any protective arrangement or other transaction" authorized by the court.[13] For clients with few or no assets who need assistance accessing or managing benefits, this provision provides a less restrictive alternative for the ward, and is a more discrete, legal intervention.

When examining how best to meet the needs of patients with diminished or absent capacity, this, and the aforementioned guardianship alternatives, should be considered first.

GUARDIANSHIP FOR THE INDIGENT

Guardianship services for low-income New Yorkers vary widely and are dependent on when and under what circumstances the need for guardianship arises. For individuals who have family that would like to petition for guardianship on their behalf, there are few resources to provide them with assistance. Our interviews with elder law attorneys, hospitals, social workers, and legal scholars revealed that there are very few active pro-bono clinics that can provide guardianship petitioning assistance. Cardozo Law School formerly had a guardianship clinic, but it is no longer in operation. The Cardozo Bet Tzedek Civil Litigation Clinic at Cardozo Law School will on occasion handle a guardianship petition, but that is not the focus of their practice. CUNY School of Law's Elder Law Clinic, which was on hiatus until the fall of 2018, has recently started to represent clients in guardianship petitions. Since starting they have represented fewer than ten clients. Scott Singer, the Clerk in Charge of Guardianship and Fiduciary Services at New York State Supreme Court, New York County, told us that when someone files pro-se he would refer them to Cardozo's Guardianship Clinic, but now there are no free services that accept referrals. According to Mr. Singer, 10-15 % of people file without counsel.

One of the few options for low-income families is the Court Square Law Project, which offers a sliding scale fee for legal services. However, the lowest fee, for individuals earning $ 49,000 or less, is $80 an hour.

Many of LegalHealth's clients are indigent, and it would be very difficult for them to hire an attorney to assist them in this process. Cynthia Domingo-Foraste, the Executive Director of the Court Square Law Project estimated that a guardianship petition would take between 15-20 hours, or $1,200 to $1,600. For a family with no assets and with income at the federal poverty level (currently $16,910 for a family of two annually) this is not affordable. Ms. Domingo-Foraste informed us that indigent clients who call seeking assistance with guardianship will usually not follow up once they hear the price. She was also uncertain of where to send people for pro-bono assistance with guardianship.

When Adult Protective Services (APS), an agency under New York City's Human Resources Administration (HRA), is called to investigate an adult that they believe needs guardianship, APS will petition for guardianship, and assign one of three community guardians to act as the person's guardian. APS only gets involved when there is a clear risk to an individual that is reported to the agency. The contract between HRA and the community guardian states that the role of the community guardian is to keep their clients living within the community and not in institutions. If a client is enrolled in a nursing home, the community guardian must petition to be released as guardian. As of 2014 there were 1,379 clients for this program citywide. The majority (59%) were seniors over the age of 60, 34% were aged 40 to 59, and 7% were between the ages of 18 and 39.[14]

In addition to the community guardian program, the non-profit Vera Institute has a guardianship project. The project is not funded by HRA, but rather is funded by the Office of Court Administration, which

has recognized the need for public guardians in New York City. The program acts as guardians for wards that are referred to them by judges. They have a staff that provides legal and financial assistance, and tends to handle more complex cases in an effort to keep individuals in the community. The program is at capacity for clients as of the publication of this report. They were able to provide the following information on the population they serve below.

Borough	41% live in Manhattan, 23% in Brooklyn, 27% in Queens, and 9% in the Bronx
Gender	65% are female, 35% are male
Race/Ethnicity	45% White/Caucasian, 32% Black/African American, 19% Latino/Hispanic, 4% Asian
Income	98% live below the NYC median annual income ($73,100)
Income	57% live below the federal poverty level threshold ($12,140)
Medicaid	81% are active Medicaid recipients
Residence Type	57% reside in their homes and communities[4], 42% reside in a nursing home, and 1% are hospitalized; 13 clients were moved to less restrictive settings during the year
Age Range	79% of clients are over 60 years of age, 21% are 60 years or younger, 15% are 61-70 years, 26% are 71-80, 24% are 81-90 years, and 14% are 91 or older
Religion	33% Christian (Catholic), 33% Christian (All Other), 15% Jewish, 12% Unknown, 3% Buddhist, 3% Atheist/Agnostic, 1% Other

New York maintains a list of professional guardians, called the Part 36 list, from which courts can appoint when there is no lay guardian available. However, most professional guardians will be reluctant to accept an appointment for a low-income ward because it is not financially viable for them to act as guardian. There are non-profit guardians in New York like The New York Guardianship Service. Courts can appoint a non-profit guardian for an AIP when there are no other guardians available and no one on the Part 36 list is willing to act as a guardian.

DETERMINATION OF NEED

PROCESS AND LIMITATIONS

We interviewed LegalHealth attorneys who work at medical facilities including public hospitals, private hospitals, VAs, nursing facilities, and community health centers. There were a total of 30 attorneys who covered 40 clinics. While most of the clinics offered civil legal services to a general population of patients referred to them by social work staff, there were also many specialized clinics which only focused on a particular issue, population, or disease. We also interviewed directors of social work from public hospitals, private hospitals, and community health centers. Lastly, we interviewed individuals from the New York legal community, including judges, clerks, legal clinic directors, private attorneys, and members of relevant committees of the New York State Bar Association.

Each attorney was given a structured interview, which asked questions about the need for additional services for incapacitated patients at their clinic(s), including the need for guardianship. We reviewed one year of data collected from our legal record keeping system, which includes information on all the cases for all the attorneys throughout the year. LegalHealth had 10,112 cases between 4/1/2018 and 3/31/2019. Of those cases, 71 were coded as either guardianship or Article 81 guardianship. Most of the clients coded for guardianship or Article 81 guardianship were over the age of 50, with a median age range of 51-70. Seventy percent of the clients had an income at or below 200% of the Federal Poverty Level, and 52% were at or below 100% of the Federal Poverty Level.

However, in conducting interviews, we realized that not all the data was captured on guardianship. Some attorneys only inputted cases when there was a client and since people without capacity cannot form an attorney-client relationship, attorneys did not enter cases into our system where the potential "client" didn't have capacity. Halfway through the project, we spoke with the attorneys about making sure to input this data, and going forward we developed a system to make sure it was captured. In addition, we interviewed social work directors at facilities where LegalHealth has legal clinics. These locations include NYU Langone Health, Mount Sinai Health System, Mount Sinai St. Luke's, NYC Health + Hospitals/Woodhull, Ryan Health | West 97th Street, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Lincoln, NewYork-Presbyterian Hospital, and NYC Health + Hospitals/Bellevue. We also conducted unstructured interviews with legal practitioners, court clerks, and judges.

Our interviews with LegalHealth attorneys revealed a major impediment to obtaining a full picture of the need for guardianship at each clinic setting. LegalHealth does not currently assist with guardianship petitions and, as a result, we train social workers who refer cases to LegalHealth attorneys to not send us cases in which an adult is seeking

guardianship. Many of the potential guardianship cases are triaged by social workers and are screened out of our case list. As a result, we cannot accurately determine how high the need is for this service. Nevertheless, our findings did elucidate something we did not previously realize about the referral process: Because cases are prescreened for guardianship by health care practitioners, not attorneys, there are often times when a LegalHealth attorney does not see a patient because of the incorrect belief that the patient's only relief is guardianship. In these cases, assistance is available but not received.

These are missed opportunities created because of an improper understanding of guardianship by hospital staff, creating another group of patients whose needs are unmet. Our role in this process presents an excellent training opportunity for LegalHealth's attorneys to teach social workers about guardianship and its alternatives.

FINDINGS OF NEED

Despite these limitations, all of the attorneys were able to assess, to some extent, the need for guardianship for the population they served at their clinic. From these assessments some clear patterns emerged regarding the need for additional services for incapacitated patients, where the need was, and the value of serving that need. Attorneys reported a need for enhanced services for incapacitated patients, including guardianship services, at 25 of the 40 clinic locations. Based on attorneys' estimates, there could be up to 600 potential cases a year in which the family of an incapacitated patient would seek assistance with a guardianship petition. This estimate was based on the number of monthly cases the attorneys saw that could possibly require guardianships or alternatives.

While many attorneys stated that they could not estimate the number of cases, because the hospital staff has been well trained not to refer guardianship cases to their clinics, some expressed that if we start offering assistance with guardianships, we will open the floodgates of new cases. Others estimated about four cases per month at their clinic, which would equate to nearly 50 per year. Even if there were 600 cases of potential guardianship, this would not translate to 600 guardianship petitions. Many of the cases could be handled with a less restrictive alternative than guardianship. Still, there appears to be a sizeable need for guardianship assistance.

To determine what this caseload would translate to in terms of guardianship petitions, we spoke with Rebekah Diller, current director of the Bet Tzedek Civil Litigation Clinic at Cardozo Law School, and former director of the Cardozo Law School's Guardianship Clinic. In her recollection, the Guardianship Clinic received 95 calls per semester regarding guardianship. From the 95 calls, the clinic had an average of five petitions per semester. The reduction was based in part on available less-restrictive options, exclusion of cases where the guardianship would be contested, and exclusion of cases where guardianship would be an inappropriate remedy. LegalHealth would likely use similar criteria for selecting cases, and using the Cardozo Guardianship ratio of intakes to cases, the estimate of 600 referrals would translate to 32 guardianship cases per year.

In addition to estimating the size of the need we were also able to determine the location where most guardianship cases would be generated, and where they would not. LegalHealth's data confirms the split in the locations in need for guardianship. In CY 2018 there were 9,972 new matters, 65 of which were coded for guardianship (.7%). Guardianship made up 8.8% of the 735 new family law matters.

Those 65 cases came from:

Public Hospital	51%
Private Hospital	36%
VA Hospital	6%
Community Based Organizations + Other	7%

The community based organization percentage is likely low because these are walk-in clinics with no inpatient referrals, which require someone to have the mobility to get to the clinic. However, discussions with social workers at Ryan Health indicated that there was a need for additional guardianship and other services for patients with diminished or absent capacity.

GENERAL HOSPITAL BASED LEGALHEALTH CLINICS

LegalHealth provides free, on-site legal services at clinics located at 36 New York hospitals. At these clinics we offer a broad range of civil legal services to low-income patients. These general clinics differ from our other clinics, which offer either specific services like immigration assistance, or services to a specific population, like veterans. At our general clinics, capacity issues present in several ways. One of the more common ways is during inpatient visits. At some clinics attorneys will be referred a potential client by a social worker for the purpose of determining if they have capacity and if they do, providing aid. Most hospitals will petition for guardianship for inpatients without capacity when it is necessary for discharge planning. When hospitals retain attorneys, the attorneys represent the hospital's interest, not the patients. They petition for guardianship so they can get the person necessary benefits to be moved to a nursing home, rehab facility, or to home. The guardianship is often limited to those matters. Hospital practices differ from facility-to-facility on how often and how quickly they will petition for guardianship. Few, if any, facilities will petition for guardianship in order that a family member can be appointed as a guardian.

Another way cases present themselves is through outpatient visits with family members whose relative—often an older parent but sometimes a spouse, sibling, or child with a cognitive issue—has been having difficulty and they would like to be named as an agent under a power of attorney or appointed as a guardian. Sometimes they will come to clinics without the relative whose capacity is in question. When the person is seeking to be named as an agent, the attorney explains to the family member that the individual needs to have capacity and affirmatively choose to appoint an agent. If the person does have capacity and wants to appoint an agent, the attorney will complete the power of attorney with the proposed agent out of the room to prevent undue influence. If the person has capacity but does not want an agent, we will respect their wishes, and tell the family member there is nothing we can do. If they do not have capacity, our attorneys will explain the guardianship process and refer them to an outside legal clinic.

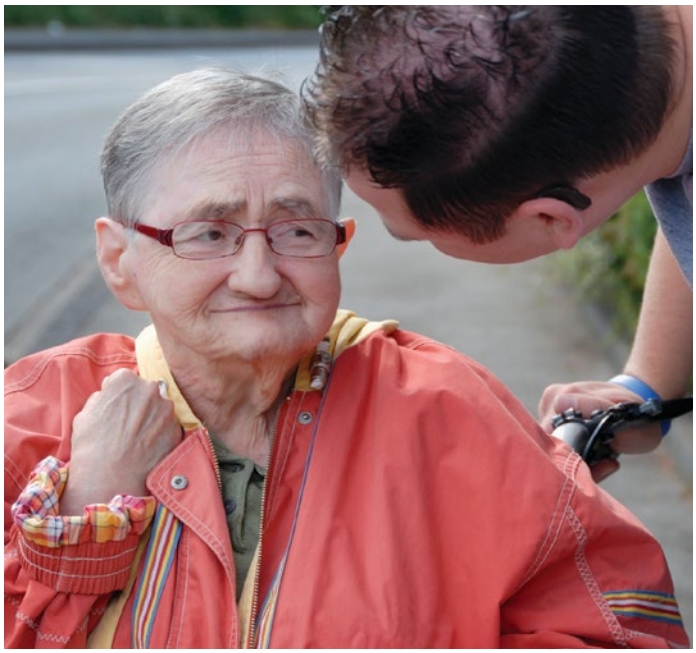
A survey of our attorneys revealed that many of them were referring clients to places that do not assist with guardianship petitions. For example, several said they directed clients to Vera Institute of Justice's Guardianship Project, even though Vera does not assist with petitions, but rather, acts as a guardian for individuals. In addition, no attorneys were able to recount an instance when a client or family member was referred out and subsequently returned after they were appointed as a guardian to seek additional assistance.

Conversations with directors of social work at hospitals also highlighted where there is a need for services. However, it seemed as if there is more awareness by social workers about the need for guardianship for inpatients than outpatients. Since the outpatients are not a financial strain on the hospital, they might not come to the awareness of the social work directors we spoke with. Some social

workers were unaware that LegalHealth didn't provide petitioning assistance. One social worker that we spoke with said that she has been referring guardianship petitioning cases to LegalHealth clinics for the past several years, and until we interviewed her, she did not know that we do not handle these matters.

A few directors expressed a need for guardianship petitioning assistance for inpatient cases, noting the long delays they face between identifying a guardianship case, retaining outside counsel, and seeking a guardianship order. However, this was a need of the hospital and not specifically the patients. Others, whose facilities did not readily petition for guardianship, saw a need to supplant existing inpatient guardianship petitioning services. Others noted that they do not petition for family lay guardians, and that this was a needed service at their facility that would benefit the long-term welfare of the patients. They noted that petitioning assistance would help families with long-term planning for incapacitated relatives.

Most of the social work directors noted a need for guardianship petitioning assistance for outpatients. Some also believed that if the resource was available, LegalHealth clinics would get more referrals of cases with diminished capacity, where other interventions might be possible. Some believed that once the patients have been discharged to the appropriate setting, it would be useful to refer them and their families to a LegalHealth clinic, which could help maintain care in the community. One director also



noted that the benefit of a LegalHealth referral is that the attorney would be working on behalf of the patient and the patient's best interest and not, like counsel retained by the hospital, on behalf of the hospital. However, assistance would help the hospital in the long-term because it would reduce rehospitalization, and in the event of rehospitalization, having a guardian in place would make managing the patient's care and discharging them back to the community easier.

GENERAL COMMUNITY HEALTH CENTER BASED LEGALHEALTH CLINICS

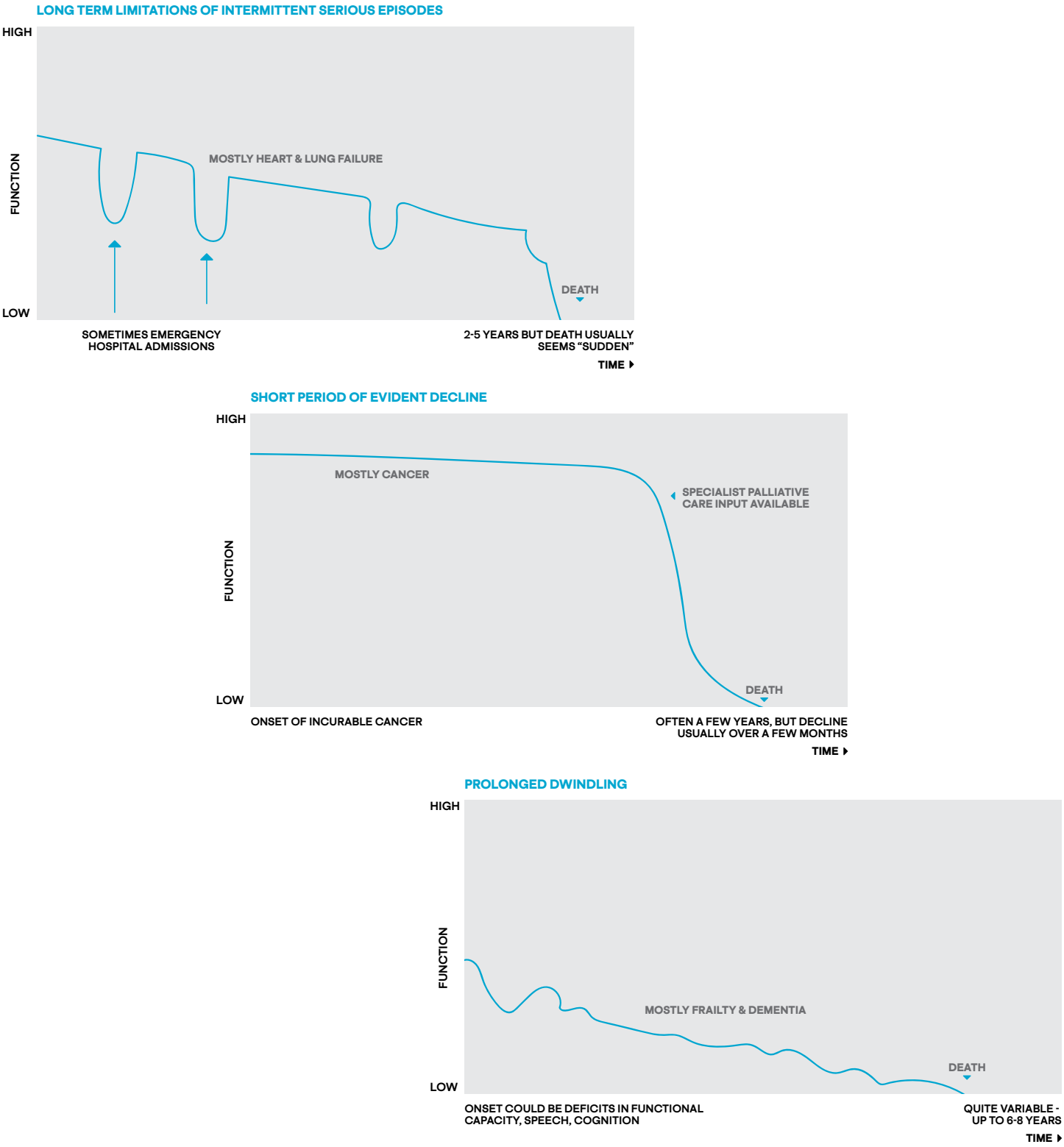
Ryan Health, a community health system, appeared to have a high need for additional services for patients with diminished or absent capacity. The Ryan Health Community Health Centers can often run into difficulty providing care and services for patients in the community that do not have a person in their life who has authority to make decisions for them or managing their affairs. In particular the Ryan Chelsea-Clinton Community Health Center seemed like a location with a particularly acute need. We spoke with a Geriatric Social Worker at Ryan Chelsea-Clinton Community Health Center, who thought it would be useful to provide this service to their senior patients at the clinic and in home settings.

She also thought additional training would be needed for the social work and medical staff at the center about guardianship and its alternatives.

LEGALHEALTH CANCER CLINICS AND HOSPICE CLINICS

Certain clinics do not appear to have a need for guardianship petitioning assistance, including cancer clinics and hospice centers. In part, this may have to do with the disease trajectory of the conditions for the patients that seek assistance through these clinics. The idea of "disease trajectory" was introduced by Lunney, Lynn and Hogan in their 2002 study of deaths of Medicare beneficiaries.[15] They classified death into four categories; 1) frailty, 2) sudden death, 3) cancer, and 4) organ system failure.

In subsequent studies researchers have reported the functional decline of three of the groups, since sudden death has an immediate decline to zero, and charted the course of the decline.[16] A chart from Murray et al. is below:



If one were to think of capacity diminishing along a similar pathway, it would appear that certain conditions would require different legal interventions to assist the patient. Patients who experience a "short period of evident decline", including patients with cancer, retain relatively high levels of capacity before a period of rapid decline. These patients would best be served by completing advance directives prior to the decline. Once they have lost capacity, their disease is usually at a point where they will die before the long guardianship petitioning process can be completed. This is also the case for most patients in hospice. According to New York Law, to be enrolled in hospice a person needs to be "terminally ill," which is defined as "a medical prognosis that the individual's life expectancy is approximately one year or less if the illness runs its normal course."[17] If an individual is in a program because they have less than a year to live, a guardianship petition would be imprudent. LegalHealth attorneys that served hospice patients believe petitioning for guardianship for a hospice patient would bring unnecessary pain and aggravation, for both patient and family.

Patients with "long term dwindling with bouts of serious diminishment", including patients with congestive heart failure, would best be served with advance directives during periods of heightened capacity. However, as their capacity diminishes at a more permanent level, tailored solutions, like limited guardianship, may be appropriate.

Families are most likely to seek guardianship for patients with "prolonged dwindling," which includes patients with Alzheimer's or dementia. An advance directive would be the best initial suggestion if these cases present before the person has lost capacity, or during a period when they have capacity. If they have lost capacity, one of the tailored solutions could be appropriate or limited guardianship if there is no less restrictive alternative. However, there should be ample opportunity prior to a patient losing capacity for them to complete an advance directive. Proper education of staff can help encourage referrals of clients who are losing capacity, while they still have time to complete an advance directive

LEGALHEALTH VETERANS CLINICS

LegalHealth operates clinics at VA facilities in New York. Some of the clinics provide support to a general veteran population while others serve a specific veteran population. Attorneys at most of the VA clinics indicated that they don't believe additional services for incapacitated patients are necessary at their clinics. They rarely, if ever, see an appropriate guardianship referral. However, the attorney in charge of the Older Veterans Clinic, which sees veterans who are 66 years old and up, indicated that services including guardianship petitioning, guardianship removal, and change in guardians would be needed. She noted a recent case of a guardian over a person, who was the daughter of the veteran, who wanted to transfer her father from a nursing home to a community care setting. However, since she did not have guardianship over his property, she couldn't get the necessary records to make the transfer. She would have needed to go to court to get the additional power, and she believed that the nursing home was petitioning for the power. The attorney was unable to provide assistance to this client or their guardian.

In addition, the attorney has received requests for assistance with clients who do not have capacity, and she often gets requests from social workers for information on guardianship. She was concerned about the conflict that would occur if we did petition for guardianship, because we are charged at this facility with providing representation to the veterans, not their families. This was a concern raised by attorneys at other clinics as well. Since guardianship

procedures are adversarial in nature, if we were to represent a family member in a guardianship petition, we would be representing a party adverse to our traditional client. This concern will be explored in greater detail later in this report in the "Ethical Concerns" section.

LEGALHEALTH IMMIGRANTS CLINICS

The other population specific clinics run by LegalHealth are immigration clinics. These clinics are operated out of healthcare facilities and receive referrals from the social workers and other staff for patients with immigration-related issues. Often these cases entail individuals trying to get some form of status so they can receive documents necessary to work, or to qualify for healthcare and other needed benefits. In addition to referrals from hospitals, the immigration clinics also take calls from ActionNYC. ActionNYC is a New York City program (out of the Mayor's Office of Immigrant Affairs) that connects immigrants seeking assistance to community based organizations that provide immigration legal services. When someone calls the ActionNYC hotline, the operators forward the calls to a community organization. They do not triage the calls to determine if the caller, or the person on whose behalf they are calling, has capacity to make decisions or complete immigration paperwork.

Discussions with the immigration clinic attorneys revealed that they often run into issues with clients that have diminished or absent capacity. As a result, clients are unable to complete important immigration paperwork, which often leaves them without benefits they desperately need. For example, undocumented immigrants are only eligible for emergency Medicaid, which does not cover most non-hospital medical treatment. However, if the immigrant is able to file appropriate paperwork, that provides notice of their presence to The Department of Homeland Security, even if it won't result is eventual status, they can get Medicaid coverage as a Person Residing Under Color of Law (PRUCOL). Sometimes this will require the client to file a FOIA to see their immigration file. However, if a patient does not have capacity they cannot complete the FOIA request. Often patients will be stuck in hospitals receiving inpatient care when they would be better served in a rehabilitation facility or through home care. Because of their lack of capacity, they are not able to be discharged because they cannot get Medicaid. In those circumstances, if there is not a previously executed advance directive, guardianship may be the only remedy.

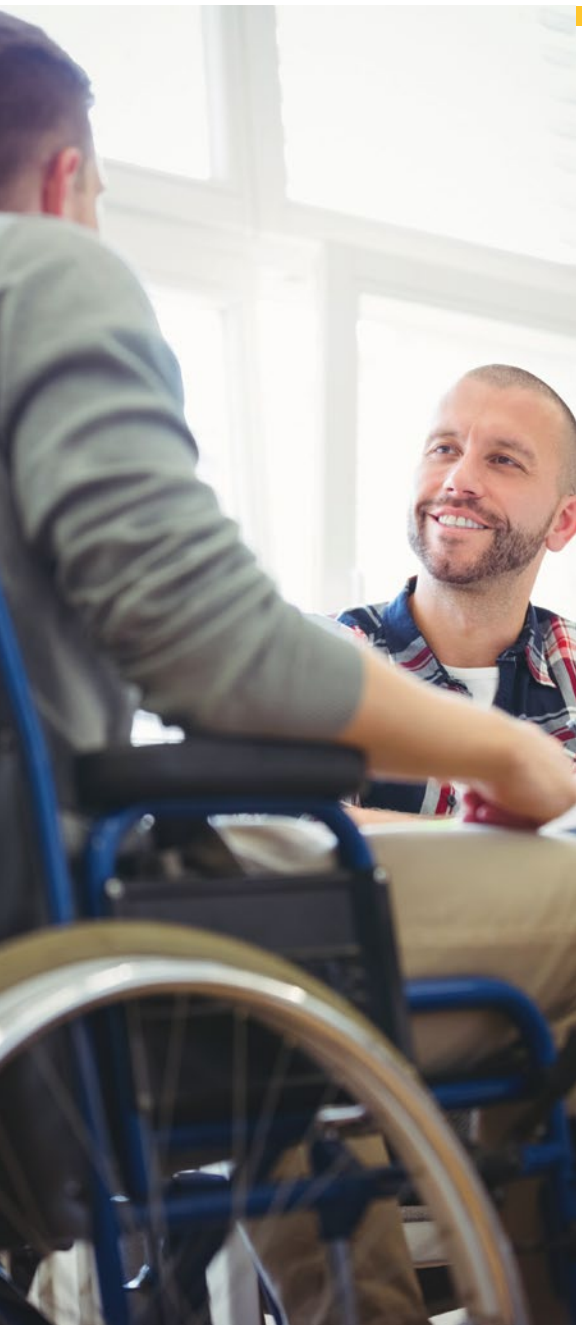
Other services that attorneys cannot perform without client capacity, an agent, or a guardian include green card renewals, green card replacements, asylum applications, visa applications, citizenship applications, non-immigration filings, and a number of other important documents. Currently our immigration clinics do not assist clients with advance directives. To do so, the attorneys and providers who make referrals would need additional training, and funders that sponsor these clinics may need to expand their scope of support to include prophylactic advance care planning. For immigrants with a condition that will eventually lead to a loss of capacity, like Alzheimer's, it would be helpful to have them complete a Power of Attorney as soon as possible. Additional assistance for patients with limited or absent capacity, as well as training in advance directives, is an urgent need in our immigration clinics to prevent the need for future guardianship.

EDUCATIONAL NEEDS AT ALL CLINICS

Most of the social work directors who saw a need for additional services also saw a need for additional training to accompany those services. LegalHealth attorneys reported variation across hospitals and clinics in the understanding hospital staff have of what guardianship means. Many attorneys reported that they often received referrals for guardianship when it was not the appropriate remedy. They also reported that some clients will come to a LegalHealth clinic looking to be appointed an agent for a patient under a power of attorney, when the patient does not have capacity, and sometimes isn't even present. Social workers pre-screen out cases where less restrictive alternatives would be available for patients. Any program to expand the scope of LegalHealth's practice into this area will have to include extensive training on guardianship as well as guardianship alternatives.

Overall, conversations with NYLAG attorneys, social work directors, legal service providers, and members of the judiciary revealed that there is a need for additional services for patients with diminished or absent capacity that receive care in New York healthcare facilities. These services include providing many of the alternatives to guardianship. They also include guardianship petitioning, however, providing such a service raises a number of ethical questions that will be examined more thoroughly in the next section.

ETHICAL CONSIDERATIONS



There are a number of risks that accompany offering guardianship petitioning services. Providing legal assistance with any process that deprives a person of their liberties should not be undertaken lightly. An inherent risk in guardianship is unnecessarily removing a person's rights, and the concomitant risk that the person appointed as guardian may not act in the person's best interest. While this is also true of advance directives, in advance directives the individual who still has capacity can 1) choose their agent, 2) easily discharge their agent, and 3) still act on their own behalf. A guardian acting in bad faith could cause a great deal of harm to a ward, and could even use guardianship as an instrument of abuse and exploitation.

This risk leads to an important ethical question that was asked by multiple attorneys when examining the advisability of assisting with guardianship petitions -- who is the client? Traditionally at LegalHealth clinics, the patient who is referred to the clinic will be the client. In practice, helping a client/patient can often involve working with their family, social workers, home care aides, and other individuals who assist with their care. But, from an ethical perspective, the patient is the client and all the duties flow towards them.

It would appear ethically impermissible to proceed with an action that would deprive a client of fundamental rights. However, the New York State Rules of Professional Conduct, Rule 1.14: Client with Diminished Capacity, does permit:

(b) When the lawyer reasonably believes that the client has diminished capacity, is at risk of substantial physical, financial or other harm unless action is taken and cannot adequately act in the client's own interest, the lawyer may take reasonably necessary protective action, including consulting with individuals or entities that have the ability to take action to protect the client and, in

appropriate cases, seeking the appointment of a guardian ad litem, conservator or guardian.[18]

While a guardianship procedure may deprive an individual of rights, it may be permissible to pursue one if it is reasonable necessary to protect a client's interests. The New York State Bar Association Committee on Professional Ethics (the NYSBA Ethics Committee) determined that "a lawyer serving as a client's attorney in fact may not petition for the appointment of a guardian without the client's consent unless the lawyer determines that the client is incapacitated; there is no practical alternative, through the use of the power of attorney or otherwise, to protect the client's best interests; and there is no one else available to serve as petitioner."[19] The rule alone, however, doesn't address whether it is permissible to represent another party seeking to petition for guardianship, as such a representation may create a conflict of interest.

Rule 1.7(b): Conflict of Interest: Current Clients, would seem to indicate it is impermissible to represent a party petitioning for guardianship. Under 1.7(b) a client may represent parties with a potential conflict, if:

(1) the lawyer reasonably believes that the lawyer will be able to provide competent and diligent representation to each affected client;

(2) the representation is not prohibited by law;

(3) the representation does not involve the assertion of a claim by one client against another client represented by the lawyer in the same litigation or other proceeding before a tribunal; and

(4) each affected client gives informed consent, confirmed in writing.

A client without capacity cannot provide informed consent and the petition is a claim by one client against another. Thus, it would seem to appear that a person cannot represent a petitioner if they have previously represented an AIP.

The Kings County Supreme Court examined conflicts of interest in guardianship cases. The court determined it would be impermissible for a law firm to represent an AIP in a personal injury action as well as a person petitioning for guardianship for the AIP.[20] Several years later, the NYSBA Ethics Committee also examined conflicts of interest created by representing AIPs and petitioners in an opinion discussing whether it would be permissible to represent a client with limited capacity in a Medicaid matter and also represent their sister in a guardianship petition over that client. They concluded that:

"It is a conflict of interest for a lawyer who represents a mentally incapacitated client in a Medicaid benefits proceeding to also represent the client's sister in seeking to petition for a guardianship for the client where the incapacitated client's stated wishes as to living arrangements are contrary to the sister's position."[21]

However they also determined that "where the client does not oppose the guardianship or is incapacitated and cannot express an opinion as to the guardianship, Rule 1.14 implicitly acknowledges that the lawyer may file the petition to seek a guardianship in circumstances where the guardianship will not be subject to a hearing and no one else is reasonably available to file the petition."

But in most situations, Rule 1.7 and Rule 1.14 would not be relevant because a person without capacity cannot form an attorney-client relationship in the first place, and those rules only apply to clients. In cases where a person has limited capacity, depending on their limitations, they may be able to form a relationship with an attorney to receive assistance. This could be useful for a self-petitioning guardianship, called a Person in need of a Guardian (PING). However, if a person has sufficient capacity to self-petition for guardianship, they should also have sufficient capacity to appoint an agent under a power of attorney, which is a much easier process that grants them the authority to select their own agent. For a client that once had capacity and lost it, it would be impermissible to represent a party petitioning for guardianship, though it may be permissible to petition the court to appoint a guardian for a former client under Rule 1.14, as indicated by NYSBA Ethics Opinion

746. Representing a petitioner, however, would be a conflict of interest, and an attorney would have to refer the case to other representation, as the NYSBA Ethics Committee concluded in Opinion 986.

A patient with no capacity cannot retain our services, and if LegalHealth were to offer assistance, it would be to the family member or members petitioning for guardianship.[22] This may be a difficult position for LegalHealth attorneys because if a LegalHealth attorney were to represent a petitioner, they would be representing a party possibly adverse to the patient. In order to adhere to the mission of LegalHealth, an attorney should only represent a petitioner in this situation if they are doing so for the best interest of the patient.

How can an attorney make sure they are acting on behalf of an incapacitated third party when they are representing a party seeking to strip that third party of rights? New York State Rules of Professional Conduct do not address the ethical treatment of third party beneficiaries lacking capacity. One area where this question arises is in the representation of fiduciaries, who themselves owe a duty to a third party. The NYSBA Ethics Committee has addressed this issue in a number of opinions, and determined that a lawyer for a fiduciary does have a duty to the third-party beneficiary.[23] In Opinion 496, the NYSBA Ethics Committee determined that an attorney for a guardian of an infant should disclose the guardian's unwillingness to comply with a court. In addition, they stated that: "since the guardian refuses to comply with the court's order, in addition to disclosing the guardian's conduct to the court, it may also be appropriate for the lawyer to seek withdrawal from his employment."[24]

Several professional legal organizations have also examined this issue. The National Academy of Elder Law Attorneys' Aspirational Standards provide some guidance through the concept of a "protected individual". In the standards they highlight the importance of identifying the client when there is a "fiduciary acting on behalf of a protected individual."[25]

The commentary to this section states "[w]hen a fiduciary is involved, client identification should be clarified in the engagement agreement between the attorney and party with the authority to enter into the engagement agreement." Only a party with capacity can enter into an engagement agreement, so it is clear that the petitioner would be the client. In drafting the engagement agreement, the standards suggest that the agreement should state that the attorney can withdraw from representation when the fiduciary violates a duty to the protected individual. While a petitioner is not a fiduciary, and has no formal duty prior to being appointed guardian to act on behalf of the AIP, the purpose of the guardianship process under MHL is to appoint someone who can serve the best interests of the AIP. MHL 81.20 lays out the duties of a guardian, including:

2. a guardian shall exercise the utmost care and diligence when acting on behalf of the incapacitated person;

3. a guardian shall exhibit the utmost degree of trust, loyalty and fidelity in relation to the incapacitated person

Thus, it would seem appropriate to require petitioners to sign an engagement letter that retains the right to withdraw as counsel if the attorney has reason to believe the proposed guardian does not intend to act in the AIP's best interests.

In conclusion, it would be ethically permissible, and consistent with the mission of LegalHealth, for an attorney to represent a family member petitioning for guardianship if we have not previously represented the patient as a client and the petition is in the best interests of the patient. If the attorney represents the petitioner, they should require the petitioner to sign an engagement letter which allows the attorney to terminate the representation if the client seeks to act in a way that would harm the AIP. If a LegalHealth attorney is representing an individual petitioning for guardianship who has previously indicated in an engagement agreement that they are seeking to act in the best interests of the AIP, and the attorney comes to believe the guardianship petitioner does not plan to act in the best interests of the AIP, then it would be ethical for the attorney to terminate the representation of that client.

RECOMMENDATIONS

1) Legal Services providers should create a Guardianship Alternative Program.

Legal Services providers should create a Guardianship Alternative Program (GAP), which focuses on education and assistance to patients who have diminished, waning, or absent capacity. This would require a slight reimagining of service delivery models. Currently legal service providers do not provide assistance when an attorney-client relationship with the patient cannot be formed. The GAP would continue to use legal services to address the social determinants of health of patients, however, at times, the patients would be assisted by lawyers representing the families. This may mean representing family members in proceedings adverse to a patient, but it will never mean representing anyone in any manner that is not in the best interest of a patient. This practice will require additional levels of review and protection for patients.

The GAP would focus on finding the least restrictive means to serve patients, regardless of their level of capacity. Guardianship should be treated as a last resort, and when guardianship is pursued, it should be done in the most limited way possible.

2) Legal services attorneys should receive additional training on New York's guardianship process.

Our determination of need has revealed a great deal of misunderstanding surrounding guardianship. Legal services attorneys want additional training on petitioning for guardianship in New York, both on the fundamentals of the process, and the details of how a guardian is appointed and when it is necessary. By providing additional training legal services attorneys can, in many cases, avoid guardianship, while providing clients with needed services.

Case workers and social workers were also interested in receiving more training on guardianship and the guardianship process. By providing additional training legal services attorneys can, in many cases, avoid guardianship, while providing clients with needed services. The guardianship statute requires that the least restrictive alternative should always be chosen. On the continuum from full autonomy to plenary guardianship, attorneys should always try to choose the option that provides clients with the greatest degree of autonomy and independence. Often, this will mean not recommending guardianship, but recommending one of the many alternatives to guardianship.

In addition, it is important that social workers are trained to understand when guardianship would be an appropriate remedy so they can properly refer potential cases to legal clinics.

3) Attorneys in New York should petition for the guardianship alternative of court ratified transactions when full guardianship is unnecessary.

If a person does not have capacity, but they only need limited assistance, New York law provides an opportunity for a court to ratify a transaction, a process that is less burdensome than guardianship However, the current state of guardianship petitioning indicates that such a process is underutilized. Such a process, if more widely adopted, could resolve many barriers to care for people with diminished, waning, or absent capacity, without limiting to their rights or being overly burdensome for their families.

MHL 81.16(b) provides an opportunity for a simple process that is less burdensome for attorneys and clients. However, the current state of guardianship petitioning indicates that such a process is disfavored by the judiciary. A project centered on expanding the use of this process should be created. This expansion would require educating the judiciary

on the benefits of a more user-friendly, limited, single-purpose guardianship. Such a process, if more widely adopted, could resolve many of the discrete issues that individuals seek guardianship for, without creating a need for annual reporting or to seek dismissal as guardians. In addition, it may, over time, create a process in which a petitioner could represent themselves on a pro-se basis, which would have an impact to all low-income individuals across New York.

4) Immigration attorneys should screen immigrant clients for capacity and recommend advance directives when appropriate.

In the area of immigration law, patients with conditions that lead to deteriorating capacity, such as Alzheimer's, have difficulty receiving immigration relief because they are unable to consent to immigration applications. If these patients had completed an advance directive before losing capacity they may have been able to avoid these difficulties. Capacity screening should become a regular part of immigration practice, and resources for incapacitated immigrants should be developed For immigrants at risk for losing capacity, attorneys should recommend advance directives.

Interviews with attorneys revealed that there are insufficient services in New York for immigrants with limited, diminishing, or absent capacity. At healthcare facilities where we currently run immigration clinics there is a need for a process to assess potential clients for capacity and recommend advance directives when appropriate. A number of cases of patients with conditions that lead to deteriorating capacity, such as Alzheimer's, have been complicated because of the loss of capacity of the client before legal intervention. Had they completed an advance directive they may have been able to have their agent consent to an application for immigration relief.

ActionNYC could be a partner for a citywide project. Currently ActionNYC does not triage cases for capacity. Their network of service providers could be trained to ask about capacity and for clients with diminished or absent capacity refer them to attorneys that specialize in this area of law.

5) Legal services providers should offer assistance to families seeking to petition for guardianship.

Legal services providers should offer, on a limited basis, assistance to families seeking to petition for guardianship. A comprehensive intake procedure should be employed to ensure that there are no less restrictive alternatives to guardianship. The intake procedure should provide a heightened level of scrutiny for a prospective client, because of the risk they could pose to the patient.

A comprehensive intake procedure should be employed to ensure that there are no less restrictive alternatives to guardianship. The intake procedure should provide a heightened level of scrutiny for a prospective client, because of the risk they could pose to the AIP. All efforts should be taken to avoid assisting a family member who may seek to harm, intentionally or inadvertently, a patient. An advisory committee should be established to review all cases before representation is offered. All clients should be required to sign an engagement agreement prior to retaining an attorney for representation. The engagement agreement should be drafted to provide that the attorney is providing representation free of charge, however, the representation is being done with the best interest of the third-party AIP in mind. If the attorney has reason to believe the proposed guardian does not seek the best interest of the AIP, they will retain the right to withdraw as counsel.

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ABOUT NYLAG

Founded in 1990, the New York Legal Assistance Group (NYLAG) is a leading not-for-profit civil legal services organization advocating for adults, children, and families that are experiencing poverty or have low-income. We fight hard to tackle the legal challenges and systematic barriers that threaten our clients' economic stability, well-being, and safety. We address emerging and urgent needs with comprehensive, free civil legal services, direct representation, impact litigation, policy advocacy, financial counseling, a medical-legal partnership model, and community education and partnerships. Last year, we affected the lives of 90,800 people.

ABOUT LEGALHEALTH

LegalHealth, a division of NYLAG, provides free legal assistance to New Yorkers who are experiencing financial hardship and have serious or chronic health problems. LegalHealth brings together legal and medical professionals to improve the lives of clients and their families where and when they need it most - in the healthcare setting. LegalHealth also develops policy benefitting those we serve.

NYLAG
New York Legal Assistance Group

LegalHealth
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