

Personal Things/Personal Money: Service Delivery

Purpose:

The purpose of this memo is to provide a better understanding of helping someone when it has been decided, through assessment and placement in the Individual Service Plan that the provider will be responsible for or will assist the individual with handling his or her things and/or money:

Process:

Personal Things:

When it has been decided through assessment that the provider will help the individual with taking care of their things, the provider shall:

1. Help make sure that each individual has enough personal clothing in good repair, well fitting, and comparable in style to that worn by same-aged friends in the community and if he/she does not, make the team aware of the need.
2. Help make sure that each individual has appropriate furniture that is in good repair, safe, and meets the needs of the individual and if he/she does not, make the team aware of the need.
3. Help make sure that each individual has appropriate household goods that are in good repair, safe, and meet the needs of the individual and if he/she does not, make the team aware of the need.
4. Every year, keep an up-to-date list of the individual's things that cost more than \$50.00 which includes a full description of the item (brand name, color, size, serial number, etc.).
5. Help make sure that any item that costs more than \$50.00 is added to the list when it's bought.
6. Throw away, with the individual or guardian's ok, any item that is no longer in good repair, unsafe, or no longer meets the needs of the individual and update the individual's list to show the item was thrown away. (You must get the individual or guardian's written okay when the item thrown away costs \$50.00 or more).
7. Records should be kept for seven (7) years.
8. Agency providers should have a rule that talks about how staff deals with individuals regarding their things.
 - a) Staff shall not purchase items from individuals.
 - b) Staff shall not sell items to individuals.
 - c) Staff shall not borrow or use items belonging to individuals.

Personal Money:

When it has been decided, through assessment that the provider will be responsible for or assist the individual with management of money, the provider shall:

1. Write a policy that:
 - a) Says that the individual's money belongs to the individual so he/she can buy things they want.
 - b) Says that an individual doesn't have to use his or her money to purchase items that can be paid for in other ways.
 - c) Says that an individual doesn't have to use his or her money to pay the difference between the costs of goods and services and the amount of payment received by the provider from insurance or Medicaid.
 - d) Says that staff can't borrow money from the individual, sell things to the individual, or buy things from the individual.
 - e) Says that one individual's money cannot be given to another individual.
 - f) Says that the individual's money cannot be put in the same account with the provider's money.
 - g) Says that the individual has the right to manage his/her money unless otherwise specified in the ISP.
 - h) Says that when the plan indicates that the provider is responsible for managing the individual's money, that the individual can help as much as possible.

2. Track all the money, as required by the individual service plan by using an Account Transaction Record (Department Recommended Form Attached) or any other record which includes the following required elements:
 - a) The individual's name
 - b) The amount and date of all money received
 - c) The source of all money received
 - d) The signature of the person putting money in the account
 - e) The amount and date of all money taken out of the account
 - f) The signature of the person receiving the money taken out of the account

For all accounts, for which the provider is responsible as identified in the individual service plan, the provider must develop a way to protect the individuals' money by:

1. For checking and savings accounts, the account balance must be equal to the most recent bank statement.

2. In settings of 4 or more individuals, the cash account balance of each individual in the home must be equal to the actual cash balance at the change of each shift or whenever the staff person responsible for the cash changes.

3. Agency providers must make sure that all accounts are counted by a person other than the person who handles the money at least once every 60 days. Documentation of counting the money must include:

- a) Date the money was counted
- b) Signature of person who counted the money
- c) An explanation any time the money doesn't equal what it should

For individual providers, the SSA will monitor to make sure the provider counts the money and it equals what it should.

4. When money is received by the provider for the individual, the provider must make the money available to the individual within 5 working days.

5. When the provider is the Payee for the individual, the provider must complete all reports, forms, and documentation required by the Social Security Administration.

6. When the provider is not the Payee for the individual, the provider must make all money records available to the Payee for review.

7. When the individual has a guardian of the estate (money guardian), the provider must make all money records available to the guardian for review.

8. For all money spent by the provider for the individual, there should be a receipt or other proof of purchase unless otherwise specified in the ISP.

9. When money is given to the individual, parent, or guardian to spend for the individual, the money taken and spent will be listed on the Account Transaction Record and signed by the person taking the money. A receipt is required for any item, with a purchase price of \$50.00 or more unless otherwise specified in the ISP.

10. Individual accounts are counted and checked on a routine basis by either an independent accounting company, or by an agency employee who has no involvement in the management and

use of the individuals' money, the results of which shall be made available to the County Board and DODD upon request.

11. Any problems found during a compliance review or audit which results in a loss of money to the individual shall result in the provider paying back the individual unless it is decided to be an MUI. In the event that it is decided to be an MUI, payback will be decided and listed in the prevention plan.

12. Any required paybacks shall be set up with the team and a re-payment plan outlined in the ISP in order to make sure that the payback does not result in an individual going over the amount of money needed for Medicaid eligibility.