

DMH POLICY

Patient Funds	Policy # 97-6
	Date Issued: November 24, 1997
	Effective Date: January 1, 1998
Approval by Commissioner	
Signed by: Marylou Sudders	Date: November 24, 1997

I. PURPOSE: To ensure the use of patients funds in compliance with M.G.L. c.123, '26(a), and 104 CMR 30.00 (Fiscal Administration). This policy replaces DMH Policies #96-4 and #86-3.

II. POLICY: The Facility Director is authorized under M.G.L. c.123, '26(a) to deposit in a bank those funds belonging to a patient and to use those funds for the benefit of the patient. The funds must be held in compliance with Department of Mental Health Regulation 104 CMR 30.00 and used in a manner which best provides for the financial needs of the patient.

III. SCOPE: This policy is applicable to all DMH operated: hospitals, community mental health centers with inpatient units, and, if agreed to by the Department of Public Health, psychiatric units within a public health hospital.

1. The evaluation sections of this policy shall take into consideration the patient's present and likely future assets, funds, liabilities and needs.
2. The management and expenditure sections of this policy shall apply only to those funds which are on deposit with the facility.

IV. DEFINITIONS:

1. **Dependent funds:** those funds which a patient is not able to manage himself or herself as determined by: (a) an evaluation in accordance with the provisions of this policy; (b) a court of competent jurisdiction in a guardianship or conservatorship proceeding; (c) the Social Security Administration in accordance with its requirements; (d) a guardian, conservator, representative payee, or other representative of the patient who gives funds to the facility to be maintained as dependent funds; or (e) the fact the funds belong to a patient who is a minor.
2. **Facility Director:** the superintendent, chief operating officer, center director or other person in charge of an inpatient psychiatric facility operated by the Department of Mental Health.
3. **Fiduciary:** a properly appointed manager of a patient's funds, e.g.: guardian of estate, conservator or Representative Payee.
4. **Funds:** cash, checks, negotiable instruments or other income or liquid personal property such as stocks or bonds.
5. **Independent funds:** all of a patient's funds which are located at the facility and which are not dependent funds.

V. PROCEDURE:

1. Admission

- A. Upon admission, prior to initial evaluation, the patient shall be encouraged, but shall not be required, to deposit personal funds on his or her person with the office or department at the facility which holds and manages patient accounts. The patient shall receive a receipt for any funds deposited. If any funds are so deposited with the facility, an appropriate written record shall be made of the deposit.
- B. The patient's funds which have been deposited with the facility shall be maintained in a safe, or an aggregate bank account; provided, however, that if the patient's funds exceed one thousand dollars (\$1,000) the patient's funds shall be maintained in an individual interest bearing account. Any interest accrued on the bank account shall be added to the patient's funds. Interest earned on the aggregate bank account shall be paid to eligible patients on a pro-rated basis, based on the end of quarter or end of nearest month balance.
- C. Unless the patient's funds are controlled by a fiduciary, the patient shall have an unrestricted right to manage and spend his/her funds at his/her own discretion,

until such time as there has been an evaluation to determine the patient's competency and capability to manage personal funds under 104 CMR 30.01(3). If after the evaluation, it is determined that the patient is capable of managing some or all of his/her funds, those funds shall be deemed to be independent and the patient shall continue to have an unrestricted right to manage and spend any such independent funds.

- D. Upon admission, each patient shall be given a written notice of rights regarding depositing funds in hospital accounts. The form to be used for this purpose is attached as Attachment G.

2. Evaluation for Competency to Manage Personal Funds *All determinations made relative to this section shall be documented in the patient record.*

- A. Unless all of the patient's funds are controlled by a guardian or conservator or the patient is a minor, the patient's treatment team shall evaluate the patient's ability to manage personal funds. This evaluation is to be completed no later than thirty (30) days after admission. In addition, at least one reevaluation is to be completed at least once during the first six (6) months after admission, and every twelve (12) months thereafter, or more frequently at the patient's request.
- B. No patient shall be found unable to manage and spend his/her funds unless it is determined by a clinical evaluation that the patient is unable to manage and spend his/her money to satisfy his/her needs and desires because:
 - 1. He/she lacks a basic understanding of the value of money; and/or
 - 2. His/her fiscal judgment is significantly impaired by delusional thinking or due to a lack of appreciation of his/her needs and desires, as shown by actual past examples or by strong medical evidence.

The fact that a patient may make "bad" fiscal decisions is not a proper basis for determining that he/she is unable to manage and spend his/her funds; only if the patient's fiscal judgment is significantly impaired as set out above should such a determination be made.

- C. The evaluation shall be part of the periodic review conducted pursuant to M.G.L. c.123, '4, and 104 CMR 27.11. In addition to the patient, unless he/she is unwilling or unable to attend, the participants in said evaluation shall include the patient's clinician, social worker and, at the patient's request, family members and/or friends. The evaluation shall take into consideration the amount of the patient's present and future funds, and shall determine:

1. Whether a patient is able to manage and spend all of his/her funds;
 2. If a patient is not able to manage and spend all of his/her funds, how much of such funds he/she is able to manage and to spend, and how much of such funds the patient is not able to manage and spend himself/herself;
 3. With regard to the funds the patient is unable to manage and spend himself/herself, how such funds can best be used to benefit the patient. (See Procedures for Dependent Funds' Expenditures/Savings - Attachment B)
- D. As part of the evaluation, the patient shall receive at least seven (7) days prior to the evaluation both written and oral notice of the provisions of the evaluation, and shall have the right to be present and to offer any information on his/her behalf, and shall have the right to be assisted by a person of his/her choice. The patient shall be informed that the Human Rights Officer is available to assist him/her. In addition, the patient shall be informed of the availability of legal assistance. The form to be used to give such written notice is attached as Attachment H.
- E. The results of the evaluation shall be documented on the attached Fiscal Evaluation Review Form For Patient Without Fiduciary (Attachment I) which should be placed in the patient's medical record. The patient shall be given a copy of the evaluation, and shall be informed of the results of the evaluation and of his/her right to appeal the results to the Area Director or Designee.

F. Facilities shall have procedures for situations where a patient's use of his/her funds presents a significant risk to the patient, others, or the funds themselves. These procedures may include an emergency evaluation of the patient's ability to manage his or her funds by the facility's clinical staff, without prior notice as described above if the circumstances so require. The reasons for any such emergency evaluation shall be explained to the patient at the time of the evaluation and shall be documented in the patient's record. In addition, within fourteen (14) days of an emergency evaluation, the patient must be given another evaluation of his/her ability to manage funds with the notices and other requirements set forth in this policy. Funds which are determined at an emergency evaluation to be dependent funds may be spent by the Facility Director only with the approval of the patient or appropriate fiduciary.

G. In the event that the evaluation determines that the patient is not able to manage all of his/her funds, the evaluation team shall determine whether or not the appointment of a fiduciary is indicated. If the appointment of a fiduciary is indicated, the evaluation team, in consultation with the facility's Legal Office, if appropriate, must determine: (1) what kind of fiduciary is indicated; (2) who would be an appropriate fiduciary; and (3) whether or not the facility itself will be seeking an appointment of fiduciary. The evaluation team should ascertain whether, and if so whom, the patient prefers to have act as his/her fiduciary. Unless the team determines the individual preferred by the patient to be inappropriate or unwilling or unable to serve, the team shall recommend that individual as fiduciary. A summary of the reasons: (1) why a particular type of fiduciary is being recommended; (2) why a particular individual is or is not being recommended; and (3) in the event a particular individual or entity is not being recommended as fiduciary, why the facility will be seeking to have itself appointed as fiduciary, shall be set forth in the patient's record. The patient and the patient's nearest living relative shall be informed of these determinations.

The patient shall be informed of the appeal rights he or she may have concerning the appointment of a fiduciary by the Social Security Administration, court or other appointing authority, as applicable.

H. Should a treatment team have concerns regarding the potential or current Representative Payee, or guardian of the estate, or conservator's appropriateness to manage personal funds in the best interest of the patient, the patient's social worker or other designated clinician shall contact the facility's Legal Office to communicate their concerns and ask for advice.

I. If an institutional Representative Payee, e.g. a nursing home or residential program, or any other agency, entity or individual asks the facility to apply to

become the successor Representative Payee, an evaluation in accordance with this section shall be done before the facility applies to become the successor Representative Payee. If the evaluation determines that the patient continues to be unable to manage his/her funds, the facility shall proceed under paragraph E above. If the evaluation determines that the patient now is capable of managing his/her funds, the facility shall assist the patient to become his/her own payee. The evaluation team will be responsible to make every reasonable effort to assist the patient to achieve fiscal independence and to eliminate the need for a fiduciary.

- J. If the patient's treatment team at any time determines that a patient, who has a guardian of the estate, conservator, Representative Payee, or other fiduciary, has become capable of managing his/her funds, and no longer needs a fiduciary, the patient's social worker or other designated clinician shall contact the facility's Legal Office for advice and assistance. The patient's social worker or other designated clinician shall also inform the patient of the team's determination, shall advise the patient of his/her right to seek removal of the fiduciary, and shall inform him/her of the availability of assistance from the Human Rights Office and legal advocates.

3. Management of Patient's Personal Funds *All determinations made relative to this section shall be documented in the patient record.*

- A. If the patient is determined, as a result of the evaluation, able to manage and spend all, or a portion of his/her funds, these funds are to be considered "independent funds." The patient shall have an unrestricted right to manage and spend, at his/her full discretion, all of his/her independent funds.
- B. If the evaluation determines the patient is not able to manage and spend all or some portion of his/her funds, these funds are to be considered "dependent funds". The term "dependent funds" shall apply only to those funds which the patient is unable to manage and spend himself/herself as determined by the evaluation under 104 CMR 30.01(3), or which are deemed to be dependent funds in accordance with the definition of dependent funds given above.
- C. In accordance with M.G.L. c.123, '26(a), and applicable federal regulations, the Facility Director shall bear ultimate responsibility for the management and expenditure of all dependent funds which are on deposit with the facility, except for dependent funds which have been deposited with the facility by an outside fiduciary. Pursuant to M.G.L. c.123, '26(a) and Federal regulations, in order to carry out his/her responsibility as to the proper management and expenditure of dependent funds, the Facility Director shall designate the patient's social worker or other clinician to determine and advise on a day to day basis how to best

manage and spend the patient's dependent funds, consistent with 104 CMR 30.02(6) and any applicable federal regulations, particularly Social Security regulations. The patient's social worker or other designated clinician should render this advice after consultation with the patient and his/her fiduciary, if any.

- D. In each situation where the Facility Director is managing a patient's dependent funds, the patient's social worker or other designated clinician, in conjunction with the patient to the maximum extent possible, shall develop a spending plan for the patient. At a minimum, such spending plans shall be created or updated at the time of each periodic review. Whenever they are needed, modifications should be made in such spending plans. Consideration shall be given to the uses outlined in 104 CMR 30.02(6)(c) and (d) and any applicable federal regulations, particularly Social Security regulations, when developing a spending plan for the use of a patient's dependent funds. (See Attachments A, B and C.)

- E. 104 CMR 30.02(6)(c) provides that dependent funds should be used to facilitate the patient's earliest possible rehabilitation. Such funds should only be used for the purposes which directly benefit the patient. The needs, desires and resources of the patient shall determine whether or not an expenditure is appropriate and shall determine the priority or importance of purchasing a particular item or service. If appropriate, provision for a patient's access to personal spending money shall be included as part of the patient's spending plan. No dependent funds shall be used as a gift or to purchase a gift for a facility employee. No dependent funds shall be expended for any item or service which the facility is obligated to supply which would already have been included with the usual and customary charge for care or which the patient is otherwise entitled to receive without charge. In addition, Social Security Administration regulations specify that a Representative Payee must use Social Security benefits to satisfy the recipient's current needs before such monies are used for other purposes. (See Attachments A and B.)

- F. Dependent funds of a patient may be used together with funds of other patients to allow for a group purchase. However, a group purchase may be made only if all patients in the group shall benefit from such purchase, and contribute a fair amount to the purchase. Patients and their fiduciaries, if any, should be consulted prior to any such group purchase. (See Attachment B.)

4. Holding of Funds

- A. A record of each patient's funds shall be maintained by the facility pursuant to 104 CMR 30.02(7).

- B. Dependent funds which the facility is authorized to manage and expend on behalf of the patient shall be kept in a separate account and not co-mingled with other funds belonging to the patient on deposit with the facility.
- C. Any funds which come into the possession of the facility which the facility determines to be dependent funds and which the facility is not authorized to expend shall be maintained separately and not co-mingled with other funds.

5. Internal Controls/Accounting Procedures for Patient Funds on Deposit with Facility

The Facility Director shall ensure that the facility has in place appropriate written policies and procedures concerning internal controls and accounting procedures for the management of patient funds on deposit with the facility. Such policies and procedures shall include appropriate tracking mechanisms for the disbursement of these funds. Such policies and procedures shall comply with the requirements of M.G.L. c.123, '26, 104 CMR 30.02(7) and any other applicable state or federal law, regulation, or policy. Such written policies and procedures must be reviewed and approved by the DMH deputy commissioner with responsibility for management and budget issues or his/her designee.

6. Charges For Care and Services

Pursuant to M.G.L. c. 123, '32, 104 CMR 30.04, and Social Security Administration requirements (see Attachment A), Department facilities are authorized to charge for the care and services that they render.

- A. A notice of the Facility's charges for care and services, using the form attached as Attachment F, will be given to each patient, fee-payor, court appointed fiduciary or legal representative upon admission, semiannually thereafter, upon the request of any of the foregoing parties, and at any other appropriate time.
- B. Pursuant to 104 CMR 30.04(7), the Facility shall use a patient's insurance or other available third party reimbursement, whenever available, as payment for the care or services that it provides. Upon admission, and periodically thereafter, the Facility Director, or his or her designee, shall inquire of each patient, and his or her fiduciary, if any, whether the patient has or is eligible for insurance or other third party reimbursement for the care and services being provided by the Facility and its staff. The forms attached as Attachments D and E shall be used for this purpose. If a patient is eligible for but does not have third party reimbursement that would reimburse the Facility for the patient's care and services, the facility shall use reasonable efforts either to assist the patient with applying for such benefits or to apply for such benefits on behalf of the patient.

7. Shoppers

The Facility Director shall designate one (1) or more persons to make purchases at the request of, or on behalf of, a patient who is unable to leave the Facility, pursuant to 104 CMR 30.02(8). Patients should be informed of the availability of this shopping service.

7. Training Patients to Manage Personal Funds

A high priority shall be given to the training of patients in the management and use of their own money so that patients can whenever possible achieve fiscal independence and the need for a fiduciary can be eliminated. Subsequent to the determination by evaluation that a patient is incapable of managing and spending his/her personal funds, pursuant to 104 CMR 30.01(3), the patient's treatment team must incorporate into the patient's current treatment plan a plan to assist and train the patient in the skills needed for the appropriate management of money unless the patient's illness is such that the clinical team determines, based on available evidence and observation and on sound clinical criteria, it is highly unlikely the patient has the capacity to develop the cognitive abilities necessary. Such a determination shall be noted in the patient's record. If, however, a patient desires training in the appropriate management of money, then the patient shall receive said training regardless of the clinical team's assessment, subject to available resources.

8. Regulations Concerning Social Security Income and Supplemental Security Income

Federal regulations govern the use of Social Security and Supplemental Security Income. Accordingly, any policies, directives or letters from the Social Security Administration in regard to the use of these funds and income must be complied with, pursuant to 104 CMR 30.02(9).

9. Discharge of Patients who Receive Social Security Benefits

- A. When plans are being made to discharge a patient who receives Social Security benefits, the patient's social worker or other designated clinician shall notify the District Office of the Social Security Administration of the expected discharge date. When such discharge takes place, the social worker or other designated clinician shall immediately notify the District Office of the Social Security Administration.
- B. If the Facility Director has been serving as Representative Payee, he/she should retain the funds until such time as a new Representative Payee has been named. He/She should then transfer the remaining funds to the District Office of the Social Security Administration for disbursement to the new Representative Payee unless the Social Security Administration directs him/her to forward the funds directly to the new Representative Payee.

- C. If the patient has been receiving his/her funds without a Representative Payee, the funds should be returned to him/her upon discharge.
- D. If the patient has a Representative Payee other than the Facility Director, any funds deposited by the Representative Payee in the patient's account should be returned to the Representative Payee upon the patient's discharge.

10. Discharge of Patients Who Do Not Receive Social Security Income

Upon the patient's discharge from the facility, all funds deposited in the patient's account shall be returned to the patient or his/her fiduciary as appropriate.

11. Accounting for Funds Returned Upon Discharge

Upon discharge from the facility, a written accounting of the patient's funds shall be rendered to the person receiving the funds.

12. Death of Patient

Upon the death of a patient, all of the patient's funds become part of the patient's estate.

13. Substitution of Job and Office Titles

With the conditions indicated below, it is intended that all job titles and offices in this policy and its forms be viewed in their generic sense. If the facility, in fact, does not utilize the job title or have the office, the Facility Director shall assign the job or function to the job title or office which he/she deems appropriate. For instance, if the facility does not have a Treasurer's Office, the Facility Director should assign the Treasurer's functions, as indicated in this policy, to the office at the facility which manages patient accounts.

Conditions

1. All changes of job titles and functions must be clearly indicated on the facility's procedures to implement this policy.
2. Functions assigned to the Area Director or Facility Director can be delegated or reassigned only when such delegation or reassignment is specifically authorized by this policy.
3. The Facility Director may designate a clinical job title other than social worker to perform the duties assigned to social workers in of the policy. However, a

specific individual job title of a person on the patient's treatment or evaluation team, rather than "treatment team," or "evaluation team" must be designated.

14. Training of Staff

The Facility Director shall insure that all facility staff who are responsible for the implementation of the policy at their facility receive appropriate training on how to fulfill these responsibilities.

VI. Implementation

The Facility Director or his/her designee is responsible for the implementation of this policy. Each facility should reproduce its own forms (see attachments) that include facility-specific information.

VII. Review

This policy shall be reviewed annually.

ATTACHMENT A

SOCIAL SECURITY REQUIREMENTS FOR REPRESENTATIVE PAYEES

(From: Social Security Handbook 1993, 11th Edition)

(NOTE: If there is a conflict between the requirements indicated in this attachment and the requirements indicated in Attachment B of this policy, the requirements indicated in this attachment must be followed by DMH and the Representative Payee.)

1615 THE RESPONSIBILITIES OF A REPRESENTATIVE PAYEE are:

- A. To determine the beneficiary's total needs and to use the benefits received in trust, conforming to SSA regulations and policies, in the best interests of the beneficiary; and
- B. To apply the benefit payments only for the beneficiary's use and benefit (see S 1616); and
- C. To maintain a continuing awareness of the beneficiary's needs and conditions, if the beneficiary does not live with the Representative Payee, by contact such as visiting the beneficiary and consultations with custodians; and
- D. To notify SSA of any change in his or her circumstances that would affect performance of the payee responsibilities; and
- E. To report to SSA any event that will affect the amount of benefits the beneficiary receives or the right of the beneficiary to Social Security or SSI benefits; and
- F. To give SSA written reports accounting for the use of the benefits, if requested to do so.

1616 A REPRESENTATIVE PAYEE must apply the payments for the use and benefit of the entitled individual. Social Security benefits are properly disbursed if they are:

- A. Spent for the beneficiary's current and reasonably foreseeable needs; or
- B. Saved and invested for the beneficiary, if current needs are being met (see S 1619).

If the current and reasonably foreseeable future needs of a Social Security beneficiary are being met, part of the benefits may also be used toward the current support of a spouse, child, or parent who is the beneficiary's legal dependent.

In addition, for institutionalized beneficiaries whose current needs are being met because they are eligible for Medicaid, part of the beneficiary's Social Security benefits may be used for the support of the community spouse (the legal spouse of the beneficiary), and any dependent family member specified in the Medicaid determination.

The penalty upon conviction for the misuse of benefits by a Representative Payee may be a fine of up to \$25,000, or imprisonment up to 5 years, or both.

1617 CURRENT NEEDS ARE THE IMMEDIATE AND REASONABLY FORESEEABLE ESSENTIALS FOR LIVING such as shelter, food, clothing, utilities, medical care and insurance, dental care, personal hygiene, education, and the rehabilitation expenses of disabled beneficiaries.

Where a beneficiary is in an institution or nursing home, the Representative Payee will give priority to expenditure of benefits for the current maintenance of the beneficiary. Current maintenance includes customary charges made by an institution/nursing home for care provided the beneficiary, as well as expenditures for items which will aid in the beneficiary's recovery or release, and expenses for personal needs to improve the beneficiary's condition while in the institution.

The Representative Payee is responsible for knowing and making provision for the total needs of the beneficiary. Current needs should never be sacrificed to pay other expenses, to conserve or invest benefits, or to accumulate benefits for a future purpose.

1618 IN ORDER TO ASSURE AN INCOME FOR CURRENT NEEDS, section 207 of the Social Security Act specifically exempts benefits from seizure by creditors. There are exceptions to this exemption such as SSA's right to garnish benefits for the legal enforcement of providing child support and alimony as permitted under section 459 of the Social Security Act and the IRS' right to levy taxes owed. A Representative Payee is not required to use benefits to pay bills incurred by a beneficiary before the first month for which benefits are paid to the Representative Payee. It is proper to pay such items as current insurance premiums and current payments on realty in which the beneficiary has an interest if all basic needs are being met. These obligations are current even though incurred prior to the first month for which the Representative Payee received payment.

Questions concerning payment of past debts should be referred to the local Social Security office.

ATTACHMENT B

104 CMR 30.02(6)(c) and (d)

(c) Appropriate Expenditures: Dependent funds shall be used only for purposes which directly benefit the patient. Generally, dependent funds should be used to facilitate the patient's earliest possible rehabilitation and discharge to the community, for personal needs to improve the patient's condition while in the facility, and to help the patient live as normal and comfortable a life as practicable. The patient's desires, as well as needs will be considered. Where the patient has unmet current needs, continued saving of dependent funds is not in the patient's best interest unless such saving is for a foreseeable and appropriate future purpose such as to pay for living expenses upon discharge. A patient's current needs include paying the facility's charge for care of the patient, as determined in accordance with 104 CMR 30.04 and other applicable law. Dependent funds shall not be expended for any item or service which the facility is obligated to supply the patient and which would already have been included with the usual and customary charge for care or which the patient is otherwise entitled to receive without charge.

(d) Group Purchases: Dependent funds of a patient may be used together with funds of other patients to allow for a group purchase. However, a group purchase may be made only if all patients in the group shall benefit from such purchase, and contribute a fair amount to the purchase. Patients and their fiduciaries, if any, should be consulted prior to any such group purchase.

EXAMPLES OF APPROPRIATE USES OF DEPENDENT FUNDS

Below is a list of possible uses of a client's dependent funds. This list gives examples of how a client's dependent funds might be expended on his/her behalf. However, in every case the unique circumstances, needs, desires and resources of the client shall determine whether or not such an expenditure is appropriate and shall determine the priority or importance of purchasing a particular item or service. This list should in no way be considered an exhaustive list of all permitted uses.

Uses of client's dependent funds: draperies, pictures, and furnishings for the client's living area; games, books, magazines, cigarettes, tobacco, writing paper and envelopes; insurance premiums; legal services; living expenses of the client when he/she is residing away from the facility; medical and dental services and supplies which the facility is not obligated to provide the client; personal clothing; radios, televisions and record players; special trips and vacations, including travel expenses; storage boxes; supplies and articles for personal grooming and care; supplies and equipment for occupational therapy, such as materials for metal or leather working, needlework or furniture making; tutoring or other instruction or counseling.

EXAMPLES OF APPROPRIATE GROUP PURCHASES

Twenty-five (25) clients might want to charter a bus with each client contributing his/her share of the cost, and this would be an appropriate group purchase. Similarly, a tutor could be hired using the funds of ten (10) clients if each client contributed his/her share of the cost, and the tutor gave instruction to each of the ten clients. However, a client's dependent funds may not be used to help decorate a group recreation area since it is unlikely that each client using the recreation area will have contributed his/her fair share of the cost of decorations.

ATTACHMENT D

RELEASE OF INFORMATION FOR BENEFITS INQUIRY/THIRD PARTY REIMBURSEMENT

Patient's Name _____

Date of Admission _____

Hospital No. _____

1. I authorize _____ to obtain any and all information relative to my
(name of facility)
eligibility for financial and/or medical benefits either public or private which would be available to pay for the cost of my care and treatment at this facility during this current admission.
2. If it is determined that I am eligible for any benefits or reimbursement, I authorize _____ to apply for these reimbursements and benefits on my
(name of facility)
behalf and to apply monies received to the cost of my care and treatment.
3. I authorize _____ to contact the Social Security Administration,
(name of facility)
Medicare Program, Medicaid Program, Department of Transitional Assistance and other public and private third party insurance carriers to determine the coverage and/or benefits for which I am eligible.
4. I also authorize _____ to release a copy of pertinent sections
(name of facility)
of my medical record to my insurance carrier, if requested, to justify payment to the hospital for my care during this admission.
5. I authorize _____ to release my: name, date of birth, Social
(name of facility)
Security number, current inpatient status, diagnosis and any other information that is needed to determine the coverage and benefits I am currently receiving and/or to apply for the appropriate coverage and/or benefits.

6. In addition, I authorize the agencies listed above to release to _____
(name of facility)

and to the Department of Mental Health any information they have concerning my eligibility for benefits and reimbursements.

7. This authorization is valid for the current hospitalization and records pertaining to the current hospitalization and can be revoked at any time. If at a later date I revoke my authorization, I or my guardian must notify either the Facility Director or the Director of Medical Records in writing of this change.

A copy of this release shall be considered as valid as the original.

Signature of: (check one)

Patient _____

Guardian _____

Signature of Witness/Title

Date

If patient or guardian refuse to sign, see following page regarding best interest determination.

Original Form To: Patient's Medical Record

Copy To: Patient Accounts Office

ATTACHMENT E
RELEASE OF INFORMATION FOR BENEFITS INQUIRY/THIRD PARTY REIMBURSEMENT
BEST INTEREST DETERMINATION

Patient Name

STEP I

Patient or Guardian refused to sign: _____
Date

Reason: (must be completed) _____

SIGNATURE: Witness/Title

STEP II

Sent to Facility Director _____ for best interest determination.
Date

After considering the relevant factors, I have determined that it [check one line only] ____ is ____ is not, in this patient's best interest:

- [check one line only] _____ for patient information to be released for benefit inquiry
_____ to apply for third party reimbursement for this patient
_____ to release patient information to support an appeal of a denial of benefits

Reason for Facility Director's best interest approval or denial of approval [taking into consideration the foregoing reasons for refusal to sign]: (must be completed) _____

Signature of Facility Director

Date

ATTACHMENT F

Name of Facility

NOTICE OF CHARGES FOR CARE

In accordance with 104 CMR 30.04 the Department of Mental Health is authorized to make charges for the care of any person in its facilities.

The charge for service rendered by this facility effective _____ which has been filed with the Division of Health Care Finance and Policy is: _____ date

<u>ROUTINE INPATIENT</u>	<u>BILLING UNIT</u>	<u>CHARGE</u>
Acute- Admissions	Pt. Day	\$
Acute- Intermediate	Pt. Day	\$
Continuing	Pt. Day	\$
Transitional	Pt. Day	\$
Forensic	Pt. Day	\$
Geri (Acute)	Pt. Day	\$
Geri (Extended)	Pt. Day	\$

<u>ANCILLARY</u>	<u>BILLING UNIT</u>	<u>CHARGE</u>
Laboratory	RVU's	\$
Radiology	RVU's	\$
Occupational Therapy	15 minutes	\$
Physical Therapy	15 minutes	\$
Psychology	15 minutes	\$
Speech - Audiology	15 minutes	\$
EKG	Test	\$
EEG	Test	\$

You and your fiduciary, if any, have the following rights regarding payment for services rendered:

1. The right to have the approved rate adjusted based on you or your fee-payor's (where applicable) personal circumstances. The Department representative listed at the end of this form will be in contact with you, and if applicable, your parents (if you are under 18), spouse, guardian, conservator or representative payee, to collect information necessary to determine what adjustments should be made, if any, to the approved charges for care.

2. The right to review the financial information used to determine the adjusted charge and to have an explanation of how the adjustment was determined.
3. The right to request a redetermination of the amount of the adjustment due to changes in your financial situation during your hospitalization.
4. The right to pay on a budget plan.
5. **The right to appeal the calculation of charges and the adjustments to the Facility Director within 30 days of being notified of the amount due. The right to be assisted by a person of your choice during the appeal process.**
6. If you choose to appeal, your appeal will be heard by the Facility Director. The appeal hearing will consist of the following:
 - a. an explanation of the legal basis for charges and how funds are collected and used;
 - b. an explanation of how the charges were determined for the client, including presentation of financial data concerning the client's income, assets, and allowable deductions, upon which the charges were based;
 - c. an opportunity for the client or his/her representative to provide documentation that incorrect financial data was used;
 - d. an opportunity for the client or his/her representative to present orally or in writing reasons for inability to pay the charges, or to present other reasons that the charges are inappropriate.

Within 7 days after the appeal is heard, the Facility Director should determine if there is sufficient ability to pay the charges, or determine new charges based on the ability to pay, and notify the client or fee payor in writing stating the reasons for the decision.

Patient Care Reimbursement Investigator: _____

Telephone: _____

**ATTACHMENT G
NOTICE OF RIGHTS REGARDING DEPOSITING
FUNDS IN HOSPITAL ACCOUNTS**

Name of Patient

Patient ID Number

1. While you are a patient at _____ it may not be safe for you to keep large amounts of money on your person. You may send/give the money to a trusted friend or relative or you may deposit it in a hospital account. If you or your guardian (or other fiduciary) decide to deposit money in the hospital, please read #5 below carefully to be sure you understand the limitations concerning control over or access to your money.
2. While you are a patient at _____ you or your guardian with authority to manage your money, conservator, trustee or representative payee (fiduciary) may decide to deposit funds in an account in the hospital's Treasury Office.
3. If you do not have a fiduciary, you will have access to your funds on deposit during usual business hours subject to some reasonable restrictions until such time as an evaluation takes place as outlined in paragraph 5 below.
4. If you have more than \$1,000.00 on deposit with the hospital, the hospital will open an individual interest bearing bank account for you. Any interest will be added to your account.
5. If you recently were admitted to _____, and you do not have a fiduciary, you will soon receive notice of a meeting to evaluate your ability to make your own decisions about your money. In addition, periodically during your hospitalization, you will receive notices of meetings to discuss your ability to make your own decisions about your money. These evaluations will determine how much of the money in your hospital account you will have unlimited access to (independent funds) and how much will be managed and controlled for your benefit by hospital staff on a day to day basis (dependent funds). The evaluation will also determine if you need someone such as a guardian, conservator or representative payee to manage your money.
6. If you were recently admitted to _____, and have a fiduciary who deposits funds in an account in the hospital Treasurer's Office, your treatment team along with your fiduciary and you will determine how much of the funds can be accessed by you on a daily, weekly and/or monthly basis.
7. Whether or not your money is placed in a hospital account is up to you or your fiduciary. You will receive the same services and care from the hospital whether or not you use the services of our Treasurer's Office.
8. If you have any questions about hospital accounts, please talk with me at any time.

Print Name of Social Worker or other Designated Clinician

I have met with the patient and reviewed this information with him/her. A copy of this document was also given to the patient and where applicable to his/her fiduciary.

Date

Signature of Social Worker or other Designated Clinician

ATTACHMENT H

NOTICE OF FISCAL EVALUATION TO PATIENT WITHOUT FIDUCIARY

IMPORTANT NOTICE - PLEASE READ

Name of Patient Patient ID Number

An evaluation of your ability to manage and spend your money which you have deposited in the Hospital's Treasury Office will be held on _____ at _____ in _____.
(date) (time) (location)

The evaluation will determine whether your right to manage and spend all your funds placed in the Treasury Office Account can be restricted because either:

- (1) you are found to lack a basic understanding of the value of money, or
- (2) your fiscal judgment is impaired due to delusional thinking or due to a lack of appreciation of your needs and desires.

You have an unrestricted right to manage and spend all your money until this evaluation is completed, unless a previous evaluation has determined that you are unable to manage any or all of your money, or previously you were determined to need a guardian, conservator or representative payee to manage your money. After the evaluation is completed, a decision will be made concerning the amount of money you are able to manage and spend.

You have a right to participate in the fiscal evaluation and to present information on your behalf.

You have a right to be assisted at the evaluation by a person of your choice. The Hospital's Human Rights Officer is available to assist you. Legal assistance also may be available. The Social Worker designated below can give you a list of persons or agencies available to provide such assistance.

This evaluation will also determine if you are in need of someone (a guardian, conservator or representative payee) to manage your money.

You have a right to appeal the results of this evaluation to the Area Director or designee.

If you have any questions, contact _____
Social Worker or other Designated Clinician

I have met with patient and reviewed this information with him/her. A copy of this notice was given to the patient.

Date Signature of Social Worker or other Designated Clinician

**ATTACHMENT I
FISCAL EVALUATION REVIEW FORM
FOR PATIENT WITHOUT FIDUCIARY**

Patient's Name _____ Patient's ID No. _____

Unit/Ward _____ Legal Status _____

Date of Evaluation _____

Assigned Clinician _____

Assigned Physician _____

Patient's Advocate _____

Guardian with authority to manage patient's funds/Conservator _____ *

Representative Payee _____ *

Initial ____ 6 month ____ Year ____ Request by patient ____ Request by staff ____

Note: Complete either Part I or Part II

PART I

**Following a fiscal evaluation, there has been a determination that _____
is able to manage all of his/her funds.** name of patient

Date

Evaluators _____

*This evaluation does not need to be completed if all of the patient's funds on deposit are under the control of one of these fiduciaries. There should be a meeting with patient and his/her fiduciary to determine how much money on deposit with the hospital should be available to patient on monthly, weekly or daily basis.

PART II

Note: To be completed only if patient is determined to be unable to manage and spend some or all of his/her funds and does not have a guardian, conservator or representative payee with authority to manage his/her funds under A and/or B below.

A. After evaluation, the patient has been found "to lack a basic understanding of the value of money" as demonstrated by the following:

B. After evaluation, the patient has been found to have impaired fiscal judgment due to delusional thinking or due to lack of appreciation of his or her needs **and/or** desires. The specific evidence and/or previous examples to impaired fiscal judgment are:

C. Amount of money presently known to be available to patient:

_____ per month as follows:

Cash on hand	_____
Employment/Unemployment	_____
Social Security	_____
Insurance	_____
Pension/Retirement	_____
Funds from Family	_____
Savings	_____
Other	_____
Total	_____

D. After evaluation, it has been determined **to recommend/not to recommend** (choose one) that a representative payee, conservator or guardian of the estate be appointed for the following reasons:

E. If, under D above, a determination has been made not to recommend that a fiduciary be appointed, the patient has been found able to manage the following portion of his/her funds on deposit with the facility:

_____/month _____/week _____/day ____/none
amount amount amount

(complete one entry only)

The reasons that this specific portion of funds has been determined to be the maximum amount available for the patient to manage independently:

The remainder of funds will be managed in an account for the patient.

F. If, under D above, a determination has been made to recommend a fiduciary, is there a relative, friend or acquaintance of the patient who would appear to be appropriate to serve as representative payee, guardian of the estate or conservator? If so, who? (Give name, address and telephone number) If not, should Facility Director apply to become representative payee, if social security benefits are available?

Date

Evaluators _____

I have met with the patient and reviewed this information with him/her. I have given him/her a copy of the determination along with notice of his/her rights to appeal this determination to the Area Director or Designee.

Date

Signature of Social Worker or other Designated Clinician