

### Personal Funds Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

**Procedure:**

- ☐ Verify the existence of the resident's account prior to beginning the review. If you determine that the resident does not have an account and this is the only resident causing the task to trigger, remove the Personal Funds care area using Code 8 (Other) with the annotation that the concerned resident was determined not to have an account with the facility. If a resident or family member indicates that the resident has a personal funds account and the facility indicates the resident does not, reconcile that discrepancy with the resident or family member before stopping the investigation or removing the care area.
- ☐ Request a list of residents who expired over the last 3–6 months for whom the facility managed their funds. (Note: Adjust the time frame of 3–6 months accordingly in an attempt to obtain a list of at least three residents that expired and had their personal money managed by the facility.)
- ☐ For the review of Questions #1–#8, the resident sample will be composed of the resident(s) that triggered the task.
- ☐ Interview the person who manages personal funds for Questions #1–#8.
- ☐ After completing Questions #1–#8, complete one Closed Record Review.
- ☐ If concerns are noted with the Closed Record Review, supplement the sample to review a total of three closed records.

*NOTE: Residents should be given the opportunity to manage their own personal funds, and the facility may not require residents to deposit their funds. If residents choose to have the facility manage their funds, the facility may not refuse. See F158.*

Interview/Review	Notes
<b>Personal Funds Manager Interview and Record Review</b>	
<p>Interview staff to determine:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How and when residents are notified of the costs for services and any changes in costs for services;</li> <li><input type="checkbox"/> Whether residents/legal representatives are notified of expected charges at the time of admission, and told in advance when changes will occur in their bills;</li> <li><input type="checkbox"/> Whether residents/legal representatives are notified of any charges for services that are not covered under Medicare or Medicaid or by the facility's per diem rate, such as in-room telephone, haircuts, the daily newspaper, or private room charges; and</li> <li><input type="checkbox"/> Whether Medicaid beneficiaries are informed, in writing, at the time of admission or when the resident becomes eligible for Medicaid, of the items and services included in the state plan for which the resident may not be charged.</li> </ul> <p><b>1. Are residents informed of costs for services and any changes in costs for services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F156</b></p>	

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<b>Personal Funds Manager Interview and Record Review</b>	
<p><input type="checkbox"/> Interview staff to determine how resident requests for money on weekends or evenings (non-banking hours) are honored and how money is safeguarded until needed.</p> <p><b>2. Do residents have ready access to their personal funds managed by the facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F159</b></p>	
<p><input type="checkbox"/> Ask the staff member to show you and describe how separate accounting is maintained.</p> <p>Determine whether the sampled resident has:</p> <p><input type="checkbox"/> Funds in one pooled (combined) resident fund account;</p> <p><input type="checkbox"/> Funds in a separate account;</p> <p><input type="checkbox"/> Funds in a combined account for resident funds under \$50.00 (not required to be in an interest-bearing account) with an additional separate interest-bearing account. (For example, a resident may have a small amount of money in a pooled account and have a large amount of money in an interest-bearing savings account.); or</p> <p><input type="checkbox"/> A separate accounting, whether or not the funds are pooled (combined), with separate statements maintained showing deposits and withdrawals.</p> <p><b>3. Does the facility maintain a separate accounting of each resident's funds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F159</b></p>	

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<b>Personal Funds Manager Interview and Record Review</b>	
<p>Determine whether the record is reconciled and up to date for the sample resident(s) by asking staff to show how the financial account indicates:</p> <p><input type="checkbox"/> The transactions that have occurred including deposits and withdrawals accurately recorded; and</p> <p><input type="checkbox"/> The resident's current balance.</p> <p><b>4. Does the accounting system follow generally acceptable accounting principles?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F159</b></p>	
<p>Determine how staff ensures that Medicare or Medicaid residents are not charged for services that are covered under the Medicare or Medicaid plan.</p> <p><u>If the sample includes a Medicare or Medicaid recipient:</u></p> <p><input type="checkbox"/> Ask staff to review and describe charges and deductions from the account of the Medicare or Medicaid recipient(s).</p> <p><input type="checkbox"/> Follow up on vague entries, unreasonable charges, and any inappropriate charges for covered items.</p> <p><i>NOTE: Residents should be allowed to pay for non-covered services that are available to private-pay residents, such as permanents/hair cuts, personal reading material, and social events outside the scope of the activities program.</i></p> <p>See F162 for examples of items that may be charged to resident's funds. (Medicaid recipients must be informed in writing of items and services included in the state plan. See F156.)</p> <p><b>5. Are Medicare/Medicaid residents charged only for non-covered services?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F162</b></p>	

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<b>Personal Funds Manager Interview and Record Review</b>	
<input type="checkbox"/> Interview staff to determine whether funds in excess of \$100 for Medicare residents and \$50 for all others are kept in an interest-bearing account; and <input type="checkbox"/> Whether all resident funds are pooled (combined) into one account, that resident money is not co-mingled with facility money, and each resident accrues an appropriate percent of the interest. <input type="checkbox"/> Ask staff to show and describe how interest is paid to each entitled resident. <p><i>NOTE: "Applicable interest" means a rate of return equal to or above the passbook savings rate at local banking institutions in the area. If money is in a pooled fund, each resident should receive the applicable interest rate distributed in proper proportion according to individual account balances. Earned interest should be posted to resident accounts within a few business days of the facility's receipt of the bank statement.</i></p> <p><b>6. Is applicable interest paid to each entitled resident?</b>      <input type="checkbox"/>Yes    <input type="checkbox"/>No    <b>F159</b></p>	
<p><u>If the sample includes a Medicaid recipient:</u></p> <input type="checkbox"/> Review the account balance for that resident to see whether the balance is nearing the eligibility limit. <input type="checkbox"/> If the balance is within, or approaching, \$200.00 of the maximum a Medicaid recipient can have in cash assets (eligibility limit varies from state to state), determine whether the facility has verification that a notice was given to the resident/legal representative. <p><b>7. Does the facility notify Medicaid residents when account balances are within \$200 of the eligibility limit?</b>      <input type="checkbox"/>Yes    <input type="checkbox"/>No    <b>F159</b></p> <p><input type="checkbox"/> NA, no Medicaid recipient sampled</p>	

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Interview/Review	Notes
<b>Personal Funds Manager Interview and Record Review</b>	
<p><input type="checkbox"/> Determine how often residents, or their legal representatives, receive statements of personal account activity.</p> <p><input type="checkbox"/> Ask staff to show and describe the system for ensuring that quarterly statements, and statements upon request, are provided.</p> <p><input type="checkbox"/> Determine whether the sampled resident receives his/her own quarterly statements, and statements upon request (unless a legal financial representative has been appointed or the resident has requested another party to receive the information).</p> <p><b>8. Does the facility provide quarterly statements and provide statements to residents or legal representatives upon request?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F159</b></p>	
<p><input type="checkbox"/> During closed record review for a resident who has expired, note the date of death. Request to see the final accounting to determine whether the disposition of funds occurred within 30 days.</p> <p><b>9. Upon death of the resident, did the facility convey within 30 days, the resident's funds and a final accounting of those funds to the individual (or probate jurisdiction) administering the resident's estate?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F160</b></p>	

### Personal Funds Review

Interview/Review	Notes
<b>Sample Supplementation for Personal Fund Management Concerns</b>	
<ul style="list-style-type: none"> <li>• <i>If <u>any</u> of Questions 1-9 are marked “No”, complete this section (Sample Supplementation) and answer Question 10.</i></li> <li>• <i>If <u>all</u> of Questions 1-9 are marked “Yes”, mark Question 10 “NA, Questions 1 through 9 are all marked “Yes” (no concerns with resident fund management)”.</i></li> </ul> <p>REVIEW the following records:</p> <p><input type="checkbox"/> Additional resident accounts to determine the frequency of identified problems. (For example, if the problem identified relates to accounts management for a Medicaid recipient, supplement the sample with additional residents that receive Medicaid and have their funds managed by the facility.)</p> <p><input type="checkbox"/> Policies and Procedures.</p> <p><input type="checkbox"/> Grievance file to determine history and facility response.</p> <p>INTERVIEW staff involved, including social services, bookkeeper, office manager, etc., to:</p> <p><input type="checkbox"/> Corroborate information.</p> <p><input type="checkbox"/> Determine facility policy/procedure.</p> <p>INTERVIEW residents/families within the above sample to:</p> <p><input type="checkbox"/> Gather additional details of the concern(s).</p> <p><input type="checkbox"/> Determine frequency and severity of the concern(s) from their perspective.</p>	
<p><b>Names of residents sampled in Personal Funds Review</b></p> <p>(1)</p> <p>(2)</p> <p>(3)</p>	<p><b>Payment source for residents sampled in Personal Funds Review</b></p>

## Personal Funds Review

Interview/Review	Notes
<b>Surety Bond Review for Fund Management Concerns</b>	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Ask the facility to provide information on how many residents have personal accounts and what total amount (total value) is being managed by the facility.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Determine whether the facility has a surety bond.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verify that the bank holdings are comparable to the total amount of funds entrusted to the facility.         </div> <div style="margin-bottom: 10px;"> <b>10. Does the facility have a surety bond or similar protection with the amount of the surety bond equal to at least the current total amount of resident funds?</b>  <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F161</b> </div> </div> <div> <input type="checkbox"/> NA, Questions 1 through 9 are all marked “Yes” (no concerns with resident fund management)         </div>	