

## CENTRAL CARE PROCEDURE MANAGEMENT OF CONSUMERS' FUNDS AND PERSONAL EFFECTS

<b>SUBJECT:</b>	<b>MANAGEMENT OF CONSUMERS' FUNDS AND PERSONAL EFFECTS</b>
<b>ANNUAL REVIEW MONTH:</b>	October
<b>RESPONSIBLE FOR REVIEW:</b>	Director of Central Care
<b>LAST REVISION DATE:</b>	August 2010

This procedure provides guidelines for the management/control of consumers' funds.

Participants:

- Director of Central Care
- House Cashier
- Administrative Office Cashier
- Central State Hospital (CSH) Cashier
- Designated Employee
- Team Leader
- Physician
- Director of Financial Services
- Admitting Employee(s)
- Supervisor, Central Property Control

### RESPONSIBLE PERSON

### RESPONSIBILITY

- |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Director of Central Care</b> | <ol style="list-style-type: none"> <li>1. Submit revisions of the internal consumers' funds policy and procedure to the Financial Services Manager for approval. Include a list of all employees designated to handle consumers' funds.</li> <li>2. Have two (2) employees (House Manager and one backup) designated for each house to manage/control consumers' funds and ensure that:             <ol style="list-style-type: none"> <li>a. an effort is made to limit funds to eighty dollars (\$80) per consumer in the house.</li> <li>b. a secure area is provided for consumers' funds.</li> <li>c. a metal box, with lock, is provided for consumers' funds.</li> </ol> </li> </ol> |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- d. two (2) keys are provided for lock on metal box, assigning one (1) key to each of the employees assigned to manage/control consumers' funds in each house.
  - e. only designated employee(s) will handle consumers' funds kept in each house.
  - f. consumer/legal representative is notified in the event of a theft of consumer's funds.
  - g. form CSH-44 is initiated in the event consumer's funds are stolen or inappropriately managed, in compliance with CSH Policy and Procedure #5.06/5.06A INCIDENT REPORTING.
- 

**RECEIPT OF FUNDS FOR CONSUMER**  
(Normal Work Hours)

**House Cashier**

1. Receive funds for consumer and complete following steps:
  - a. Complete Central Care Cash in Community Home Record for consumer's funds received by mail, from visitors, or from the consumer. Two signatures required.
  - b. Take funds to be deposited at CSH Cashiers Office and Central Care Cash in Community Home Record to Administrative Office Cashier.

- c. Ensure that Administrative Office Cashier signs Central Care Cash in Community Home Record, acknowledging receipt of funds to be deposited.
2. Report immediately any discrepancy in consumer's balance on Central Care Cash in Community Home Record to the Team Leader and Director of Central Care.
3. Keep consumers' records of funds current and be prepared for an audit at any time.
4. Ensure security of key to locked metal box containing consumer' funds.
5. Ensure on a daily basis that the total on Central Care Cash in Community Home Record is equal to cash on hand. Complete Daily Balance Verification Report and sign. If there is a difference in cash on hand and client balance notify Team Leader.

**Adm Office Cashier**

1. Receive consumer's money (cash, checks, money orders). Sign Central Care Cash in Community Home Record acknowledging receipt of money.
2. Prepare form CSH-439, Deposit Ticket, in triplicate (white, yellow, and pink copies). Return the pink copy to the consumer.
3. Post in a log book all deposits to be taken to CSH Cashier's Office. Write in the ledger book the date, the deposit slip number (in sequential order), the name of the consumer, and the amount of the deposit. If multiple deposits, run an adding machine tape on the deposit slips and attach to deposit slips.
4. If any deposit slip is voided, the voided slip must be listed in the ledger book and the

voided deposit slip filed in a folder for voided deposit slips. (Voided deposit slips are not to be placed in the consumer's folder!)

5. Take the money and the completed deposit ticket (white and yellow copies) to the CSH Cashier's Office for depositing.

### **CSH Cashier**

1. Initial both copies of the deposit slip after verifying that the amounts and source of income on the deposit slip are correct.
2. Give the yellow copies back to the Adm Office Cashier. If an adding machine tape is attached to a group of deposits, attach it to the white copies of the deposit slip and place them into the Patient Deposit Account drawer.

### **Adm Office Cashier**

Upon receiving the initialed yellow copy of the deposit slip from the CSH Cashier, the yellow copy is placed in the consumer's financial folder.

### **Physician**

Advise staff if consumer is determined to be incapable of signing Cash in Community Home Record.

### **Team Leader**

1. Approve the deposit of consumer's funds with house cashier by signing under designated employee on Cash in Community Home Record when attending physician determines a consumer is incapable of signing.
2. Monitor and approve any funds over the normal amount of \$65.00 per month spending money.
3. Resolve any discrepancies in consumer's funds and, if unable to resolve differences, file form CSH-44 Incident Report.

---

## RECEIPT OF FUNDS FOR CONSUMER (After Hours, Weekends, and Holidays)

### **Employees (when designated employee(s) is off duty)**

1. Receive money for safekeeping when staff designated for managing/controlling consumers' funds is off duty.
2. Record receipt for money on shift report.
3. Secure money in safe place.
4. Sign for money at each shift change.
5. Deliver money to designated staff at earliest possible time and obtain signature of receipt on Cash in Community Home Record.

---

## CONSUMER'S REQUEST FOR FUNDS

### **House Cashier**

1. Prepare list of consumers requesting funds. List name, current amount of cash in home and amount being requested ensuring that requested amount will not put funds in home over \$80.00. Present list to Adm Office Cashier to receive green checks. Must be submitted one week prior to receiving funds. Any request over \$80.00 per month must have approval of Team Leader and Service Director.

### **Admin Office Cashier**

1. Verify records to ensure the consumer has adequate funds for requested

withdrawal and withdrawal will not put consumer over \$80.00 in the home.

2. Log the check numbers and sign log verifying use of green check numbers.
3. Complete green checks.
4. Have Director of Central Care or designated individual sign forms CSH-440 (green checks).

**Director of Central Care or Designated Individual**

Approve consumer's request for funds from house cashier by signing form CSH-440.

**Admin Office Cashier**

1. Post the green checks in the ledger, entering the date, the check number in sequential order, the name of the consumer and the amount of the money.
2. Any voided green checks must be posted in the ledger and the voided check filed in the folder for voided checks. (Do not file the voided checks in the consumer's folder.) If a check comes back from the CSH Cashier's Office marked as insufficient funds, the entry on the ledger for the check must be marked "insufficient funds-voided". The voided check is then filed in the folder for voided checks.
3. Give approved green checks to CSH Cashier's Office to withdraw funds.
4. If multiple CSH-440(s), make an adding machine tape of the CSH-440(s) and attach to the CSH-440(s).

**House Cashier**

1. Withdraw consumer's funds from CSH Cashier on specified day (unless emergency exists) based upon receipt of approved form CSH-440 from designated employee(s).

**CSH Cashier**

1. Make proper identification of person requesting funds. After verifying consumer's balance, have house cashier sign back of form CSH-440.
2. If multiple CSH-440(s) with adding machine tape attached, the cashier verifies the total on the adding machine tape, then withdraws that amount from the PDA drawer placing the money and adding machine tape in the building cashier's pouch and placing the pouch into the safe for the pick up the next day. Ensure the green checks are stamped, and placed into the PDA drawer.

Cash will be given for amounts up to \$80.00.

If the building cashier wants to cash the green check that day, the CSH Cashier verifies that the consumer has sufficient funds by checking the Daily Activity list. The amount of the withdrawal is noted on the listing. The green check is stamped as well as check marked to show that the check has already been paid. It is then placed into the Patient Deposit Account drawer and the money given to the house cashier.

**House Cashier**

1. Prior to leaving CSH Cashier's Office, verify funds to ensure that the correct amount has been received.
2. All voided checks are returned to Admin Office Cashier.
3. Sign Cash in Community Home Record, acknowledging transactions immediately upon receiving funds.
4. Issue requested funds to consumer when requested and make entry of the purpose

and amount issued to consumer on Cash in Community Home Record, and have consumer sign. Attach receipts to the Cash in Community Home Record and fill out any other needed forms such as form CSH-703 for purchases of clothing.

**Admin Office Cashier**

1. All voided checks are noted on the ledger and then filed in the folder for voided checks.

**CSH Cashier**

Provide Admin Office Cashier with monthly and quarterly listings of consumers for whom CSH is payee, with account balances and other appropriate data as requested by Central Care.

**House Cashier**

1. Maintain a confidential listing of consumers for whom CSH is payee.
2. Maintain a confidential listing of consumers having money on deposit in the CSH Cashier's Office.
3. Keep transaction records current at all times and prepared for periodic audits.
4. Report any discrepancy in consumer's balance to Team Leader and Director of Central Care.

**Financial Services & Designated  
Central Care Employee**

Conduct periodic audits of consumers' accounts.



---

---

## PURCHASES FOR CONSUMERS

### House Cashier

1. For consumer purchases exceeding \$80.00 in personal spending clear justification must be given on request for consumer funds form. When possible obtain invoice from vendor clearly identifying items to be purchased and price.
2. Deliver invoice and request to Adm Office Cashier.

### Admin Office Cashier

1. Ensure availability of funds prior to any purchases.
2. Secure Director of Central Care or designated individuals approval on prior approval form prior to releasing consumer's funds to any employee/vendor for the purchase of items for the consumer.

### Director of Central Care or Designated Individual

1. Approve/disapprove release of funds to employee for the purchase of items for the consumer ensuring all purchases for consumers are in compliance with Division of MHDDAD Policy Memorandum 2.203 and CSH Policy and Procedure #4.06/4.06A - SOCIAL SECURITY/MEDICARE/MEDICAID BENEFITS FOR CONSUMERS when applicable.

### Adm Office Cashier

1. Complete green check obtaining required signatures and maintain copies in Adm Cashier's Office.

### Director of Central Care or Designated Individual

1. Approve/disapprove release of funds for the purchase of items for the consumer by signing

green check.

**Adm Office Cashier**

Forward approved CSH-440 (green check), invoice and prior approval form to CSH Cashier's Office.

**CSH Cashier**

Issue separate check to vendor for each consumer.

**House Manager/Designated Individual**

Pick up check from CSH Cashier's office

Make purchase from vendor and take original receipt, items purchased and completed Personal Effects Form and any change to Adm Office Cashier.

**Adm Office Cashier**

Reconcile receipt of purchase and Personal Effects Form.

Sign Personal Effects Form and ensure all signatures are obtained and all items are listed. Attach copy of form and receipt to copy of green check and prior approval form and place in pending folder until completed form is returned.

Forward original receipt to CSH Cashier's Office.

**House Manager**

Issue items to consumer and obtain consumer signature indicating they received the items on Personal Effects Form. Obtain Team Leader initials on item status.

Forward completed form to Adm Office Cashier within one week of purchase.

---

---

**DISPOSITION OF CONSUMERS' FUNDS UPON  
DISCHARGE/DEATH OF CONSUMER****House Cashier**

1. Ensure that consumer receives all of his/her funds on deposit in the house and in Cashier's Office at time of discharge from the program. This should be part of discharge planning.

At time of consumer's death, give funds to appropriate family member along with other personal belongings if consumer does not have account in the Cashier's Office. If consumer does have an account with Cashier's Office, all funds should be returned to Cashier's Office for distribution of assets.

3. Report immediately any discrepancy on Cash in Community Home Record.
2. Deposit funds with CSH Cashier.

**Director of Central Care or  
Designated Individual**

Resolve any differences in consumer's funds and, if unable to resolve differences, file form CSH-658.

**CSH Cashier**

1. Provide house cashier with receipt for consumer's funds.
2. When money is left at time of discharge, mail check within 30 days to first representative at the address shown on form CSH-475, Release Notification (Rev. 11/81) if hospital is not representative payee.
3. Make two (2) inquiries, by letter, attempting to locate consumer/first

representative if check is returned.

4. Notify Financial Services Manager if unable to locate consumer.

### **Financial Services Manager**

1. Contact Department of Human Resources (DHR), Director of Accounting Services, for disposition of funds when unable to locate consumer.
  2. If consumer dies and the hospital is the representative payee, the first representative will be notified in writing of the existence of funds if any funds remain after all expenses, including funeral expenses if any, have been paid. The notification will state the necessary documentation required to release the funds to the appropriate person(s).
  3. If consumer dies and the hospital is not the representative payee, the payee may request in writing for consumer's funds to be applied toward the funeral expenses. If not, the administrator or executor of the estate will be notified in writing of the existence and amount of funds on deposit and state the necessary documentation required to release the funds to the appropriate person(s).
  4. Contact DHR, Director of Financial Services, for disposition instructions if administrator or executor of estate does not claim funds within six (6) months.
-

## PERSONAL EFFECTS

This procedure provides guidelines for accounting for a consumer's personal effects upon transfer, discharge, or death including clothing purchased by or issued to the consumer during his/her stay.

A consumer's right to privacy shall be respected by all CSH employees. The consumer must give consent and may request to be present during an audit of their personal effects.

---

### ACCOUNTING FOR CONSUMER'S PERSONAL EFFECTS UPON ADMISSION

#### Admitting Employee(s)

1. Explain CSH Policy 4.13 - Consumers' Funds and Personal Effects to the consumer and his/her family.
2. Remove items which are not permitted in the home along with those items that the consumer does not want to keep in his/her possession. List all shirts with collars, shoes, pants, coats, dresses, and any other items valued \$100.00 or more on form CSH-703, Waiver of Responsibility Personal Effects Form (Rev. 11/91), as well as those items retained by the consumer, and file in consumer's record. If firearm(s) or contraband is found, refer to CSH Policy 5.02, Control of Firearms and Contraband Items, Section I.G. (See Attachment #1, INSTRUCTIONS - REVISED WAIVER OF RESPONSIBILITY/PERSONAL EFFECTS FORM.)
3. Receive funds from consumer or escort.
4. Count consumer funds, list amount and sign Cash in Community Home form. Have consumer sign form to validate amount of funds counted. Note: Two employees

should verify amount of consumer funds prior to signing form.

5. Explain to consumer that the Cash in Community Home limit is \$80.00, and that all funds above this amount will be deposited in an account for the consumer.
6. Take funds to be deposited and the Central Care Cash in Community Home Record to Administrative Office Cashier.

#### Administrative Office Cashier

1. Prepare form CSH-439, deposit ticket, in triplicate (white, yellow and pink copies). Place pink copy in front of consumer's record for staff to forward to consumer. Note: Two employees must sign deposit slip after funds have been verified.
2. Place funds and completed deposit slip (white and yellow copies) in envelope with consumer's name and deposit at CSH Cashiers Office the next day.

#### CSH Cashier

1. Initial both copies of the deposit slip after verifying that the amounts and source of income on the deposit slip are correct.
2. Have employee sign deposit slip to verify amounts of money are correct.
3. Give yellow copy of deposit slip back to the Administrative Office Cashier.

#### Employee Designated To Maintain Consumer Valuables

Check that all items in valuables

envelope are listed on form CSH-703 and on outside of envelope. Sign form CSH-703. Seal envelope and place with other personal effects, as appropriate, in designated locked area. File form CSH-703 in consumer's medical record.

**Director of Central Care**

1. Designate employee to be responsible for safekeeping of valuable items.
2. Ensure availability of locked area.

**ACCOUNTING FOR CONSUMER'S PERSONAL EFFECTS  
DURING HOUSE STAY**

**House Employee(s)**

1. Update form CSH-703 when additional articles are received by the consumer during his/her stay in the house. Include all shirts with collars, shoes, pants, coats, dresses, and any other items valued \$100.00 or more. Additionally, CSH-703 is to be completed for all vendor purchases from consumer funds with copies maintained in home and Adm Office.
2. Assure that articles removed from the consumer's custody are noted in the appropriate column by date and signature of the person gaining possession.
3. Document when possible under Comments section of form CSH-703 when an article of wearing apparel becomes worn beyond use, lost/discarded or destroyed. Have two (2) employees and the consumer sign form when possible. If the consumer is unable to sign, this fact will be attested to by the

two (2) employees. Worn out articles may then be disposed of appropriately by staff.

---

## ACCOUNTING FOR CONSUMER'S PERSONAL EFFECTS UPON DISCHARGE OR TRANSFER

### Designated Employee on Discharging/Transferring Unit

Ensure that the following tasks are completed when a consumer is being discharged or transferred:

- a. Pull form CSH-703 from consumer's medical record and account for all articles.
- b. List any discrepancies on Progress Notes in consumer's medical record and notify supervisor.
- c. Circle "Transfer-Out", "Discharge" or "Death" on form to indicate the type of consumer movement.
- d. Have the transferring and the receiving employees verify items and sign when consumer is being transferred. Have consumer sign, if he/she is able.
- e. Have two (2) staff members verify and sign, as well as the consumer, when consumer is being discharged.
- f. Return form CSH-703 to the consumer's medical record.

### Designated Employee on Receiving Unit

1. Verify items and sign existing form CSH-703 when consumer is transferred into Community Home.



2. Prepare a new form CSH-703, in accordance with the procedure "Accounting for Consumer's Personal Effects Upon Admission", when a consumer is transferred into the home, if one is not present with the consumer's clinical record.
- 

### **DISPOSITION OF CONSUMER'S PERSONAL EFFECTS UPON DISCHARGE/DEATH OF CONSUMER**

**House Employee(s) and  
Employee Designated to  
Maintain Consumer's  
Valuables**

1. Collect consumer's personal property and pull form CSH-703 from consumer's medical record.
2. Inventory, sign and initial form CSH-703 and return form CSH-703 to the consumer's medical record.
3. Secure consumer's property in the designated secure area.

**Team Leader**

1. Attempt to locate consumer for instructions concerning disposition of personal effects when consumer has been discharged. If consumer cannot be located, contact listed consumer representatives for instructions. Such attempts must be documented by placing copies of at least two (2) letters in the medical record requesting information about the disposition of the consumer's personal effects.
2. Contact next of kin, guardian or representative for instructions concerning disposition of personal effects when consumer dies. Documentation of at

least two (2) letters must be entered into the medical record.

3. Have following tasks completed if the consumer or his/her next of kin, guardian or representative comes to the hospital to claim the consumer's effects:
  - a. Pull form CSH-703 from consumer's medical record and account for all articles.
  - b. Assure that consumer or his/her next of kin, guardian or representative signs in the "Consumer's Signature" section on the reverse side of form CSH-703, and that two (2) staff members sign as witnesses.
  - c. Return form CSH-703 to consumer's medical record.
4. Have consumer's personal effects forwarded prepaid if requested by consumer, guardian or representative, unless consumer, guardian or representative agrees in writing to accept postage expense.
5. Have the following completed if all reasonable efforts to locate consumer or his/her guardian or representative have failed or if consumer, guardian or representative requests, in writing, that the hospital make disposition of consumer's personal effects:
  - a. Deliver watches, jewelry, and other valuables, except money, to Central Property Control. Obtain and file a receipt in consumer's medical record.
  - b. If consumer has an account at CSH

Cashier's Office, deposit any money in account. Obtain and file a receipt in consumer's medical record.

- c. Take useful items (non-valuables) to Volunteer Services. Document their disposition in consumer's medical record.
- d. Deliver items believed to be of no value to Central Property Control. Obtain and file a receipt in the consumer's medical record.

**Supervisor, Central Property Control**

Dispose of valuables and items of no value per instructions of the State Supervisor of Purchases, Department of Administrative Services. Maintain record of disposition.

**ACCOUNTING FOR STATE-ISSUED CLOTHING**

**Director of Central Care**

- 1. Establish written policy for determining consumer's eligibility for state-supplied clothing. Clothing will be furnished only when neither the consumer nor family are financially able to provide clothing.
- 2. Establish standard quantity and types of clothing to be supplied to consumer and minimum level of clothing that, upon discharge, a consumer is permitted to take with him/her.

**House Employee(s)**

- 1. Complete form CSH-703 indicating state issued clothing by a check in the column "state supplied".
- 2. Upon discharge permit consumer to take any state supplied clothes given to the consumer with him/her.

3. Return form CSH-703 to consumer's medical record.

---

### MONITORING

**Assistant Director,**  
**Administrative Services**

1. Have audits conducted, announced and unannounced, to ensure compliance with provisions of this policy and procedure.
2. Approve audit procedures which will include:
  - a. annual audit of house cashier's procedures.
  - b. monthly audit of disbursements withdrawn from consumer funds at CSH Cashier's office
  - c. sampling audit of purchases of each house's clothing and valuables records to ensure compliance with Division of MHDDAD Policy Memo 2.203.

**APPROVED BY:**

\_\_\_\_\_ **TITLE:** Director of Central Care **DATE:** \_\_\_\_\_  
Jack Taylor

## **INSTRUCTIONS**

### **REVISED WAIVER OF RESPONSIBILITY/PERSONAL EFFECTS FORM**

Form CSH-703, Waiver of Responsibility/Personal Effects (Rev. 6/87), will be used to document the accountability of consumers' personal effects such as clothing, jewelry, radios, televisions, etc. upon admission, transfer to another house/division/facility, and upon discharge/death.

**Column #1** - Record the date the article is received in the home or the date the consumer received the article.

**Column #2** - Briefly describe the article, i.e., blue shirt. It is important to describe jewelry as it appears; example: "clear stone" instead of diamond or "red stone" instead of ruby. Be sure to include the make of any watches. Similar articles of clothing, i.e., four pairs of long pants may be combined for documentation purposes, insuring that the exact number of articles is indicated. It is important to be specific when describing articles.

**Column #3** - Use only if article is not state supplied. Indicate whether the article is kept by the hospital or the consumer by placing a check mark in the appropriate column.

**Column #4** - The employee receiving the article, accounting for, returning, or issuing an article for the consumer, places his/her initials in this box and then places his/her signature and initials at the bottom of the form. Note: The signature has to be written only once on each form.

**Column #5** - The next three columns deal with state supplied articles. If the article is state supplied, place a check mark in the column "State Supplied". When the article is returned, put the date under the "Rec'd (Date)" column and the receiving employee's initials under the column "Rec. Emp. Initials".

**Column #6** - The consumer or legal guardian should place his/her initials when turning articles over to the custody of the hospital or upon return of articles. The employee filling out the form has the responsibility of explaining the statement under "Upon Admission/Transfer In" on the back of the form to the consumer. Also, he/she must ensure that the consumer or legal guardian signs or initials and dates the form in the appropriate place. Two employees must witness the signature of the consumer or legal guardian and sign the form in the appropriate place. If consumer is unable or refuses to sign, this should be documented in the "Comments" section on the back, indicating why no signature/initials were obtained.

**Column #7** - If the article is destroyed or lost, the date should be written in the column and the employee reporting the loss or destruction, should write in the "Comments" section on the back of the form explaining the loss or destruction and approximate date if exact date is unknown.

It may become necessary for an article that has been kept by the consumer to become the responsibility of the hospital rather than the consumer. This should be reflected by filling in the next available line with the new date (column #1) and the description of the article (column #1) (i.e., blue shirt). Then indicate that the hospital is now keeping the article by making a check mark in column #3 under "Hosp." and completing columns #4 and #6 with employee's and consumer's initials. Upon transfer out, discharge, or death of the consumer, the section entitled "Upon Transfer Out/Discharge/Death" on the back of the form should be filled out with the consumer's or legal guardian's signature and date. Two employees must witness the signature of the consumer or legal guardian and sign/date in the appropriate section.

In case of death, the Administrator or Executor of the consumer's estate must sign for the personal effects if he/she comes to the hospital to collect them. If the articles are mailed, this must be documented in the "Comments" section to include the date, to whom sent, and signature of employee sending the articles.