

OPTIONAL QA Tool – Accounting for Residents’ Personal Funds & Settlement of Cost of Care

DIRECTIONS: Answers the questions to determine compliance status. Choose NA (not applicable, when relevant).

| | | | | | | |
|--|---|------------|---|-------------------|---------------------------------------|---------------------|
| Facility Name: | | | | | | |
| Date(s) of review: | | | | | | |
| Staff Reviewing Name: | | | | | | |
| Resident Name: | | | Resident Identifier: | | | |
| Who manages the resident's funds? | | | | | | |
| Resident | Authorized Representative | Guardian | Facility Administrator/Administrator designee | | | |
| If the resident is unable to manage funds, has the Administrator contacted the resident’s responsible person or the county department of social services regarding the need for an authorized representative? | | | | | | |
| | | Yes | No | NA | | |
| Does the resident receive Special Assistance (SA) funds? | | | | | | |
| | | Yes | No | | | |
| Written contract/agreement for bed hold? | | | | | | |
| | | Yes | No | Notes: | | |
| Has resident been discharged from the facility? | | | | | | |
| | | Yes | No | | | |
| If yes/discharged: | | | | | | |
| Who initiated the discharge? | | | | | | |
| Resident/family/guardian/authorized representative | | | Facility | | | |
| Date of discharge notice? _____ Last date resident was at facility: _____ | | | | | | |
| Amount of notice provided? | | | | | | |
| | | None | 14 days or more | Less than 14 days | Resident died/no notice | Other: _____ |
| Notice Requirement <i>as specified in Resident contract:</i> | | | | | | |
| Accounting For Resident's Personal Funds: | | | | | | |
| <i>Authorized representative: defined in the rule as a person who is legally authorized or designated in writing by the resident to act on his or her behalf in the management of their funds.</i> | | | | | | |
| | Area of Review | Yes | No | NA | If no, add notes for follow-up | |
| 1. | The resident's payee is someone other than the Administrator unless authorized by a federal agency? [F.1103(b); G .1102(b)] | | | | | |
| 2. | Is there a signed or marked statement by the resident of receipt of State-County Special Assistance personal needs allowance after payment of the cost of care? [F.1104(a); G 1103(a)] | | | | | |

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|----|---|------------|-----------|-----------|---------------------------------------|
| 3. | <p>If the statement is marked by the resident, is there one witness signature who <u>is not</u> the staff handling the residents' personal funds transactions? If adjudicated incompetent, is the signature of the resident's authorized representative present?</p> <p>[F.1104(a); G 1103(a)]</p> | | | | |
| 4. | <p>Is there prior, written authorization from the resident or the resident's authorized representative when the Administrator/Administrator designee manages their funds?</p> <p>[F.1104(b); G 1103(b)]</p> | | | | |
| 5. | <p>Is there an accurate accounting of funds received, disbursed, and an accurate accounting of the resident's personal funds balance?</p> <p>[F1104(b); G.1103(b)]</p> | | | | |
| 6. | <p>Is the resident's personal funds balance available upon request to the resident/authorized representative during the facility's regular business office hours?</p> <p>[F1104(b); G.1103(b)]</p> | | | | |
| 7. | <p>Is the resident or authorized representative provided with a written monthly accounting of the resident's funds when handled by the administrator or the administrator's designee and do they (resident/authorized representative) sign a record indicating whether they agree that the monthly accounting is accurate?</p> <p>[F1104(c); G.1103(c)]</p> | | | | |
| 8. | <p>The resident's personal funds are kept separate and are not commingled with facility funds and are not commingled into an interest-bearing account.</p> <p>[F1104(d); G.1103(d)]</p> | | | | |

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|-----|---|-----|----|----|--------------------------------|
| 9. | Are all or any portion of the resident's personal funds available to the resident/authorized representative upon request, during the facility's established business days and hours <i>except as provided in F/G.1105?</i> [F1104(e); G.1103(e)] | | | | |
| 10. | Is resident's personal needs allowance credited to their account within 1 business day of the funds being available in the facility's resident personal funds account? [F1104(f); G.1103(f)] | | | | |

Settlement of Cost of Care:

"Cost of care" means any monies paid by the resident or the resident's legal representative in advance for room and board and services provided by facility as agreed upon in the resident's contract.

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|-----|---|-----|----|----|--------------------------------|
| 11. | For facility- initiated discharges: Did the facility refund an amount equal to the cost of care for the remainder of the month minus the amount charged for any nights spent in the facility during the notice period within 14 days after the resident left the facility? [F/G .1106(a)] | | | | |
| 12. | <i>When the resident moves out of the facility without giving a notice and/or before the facility's required notice period had elapsed, (as may be required by the facility according to the rules and resident contract):</i> The facility <u>did not</u> charge the resident more than the amount equal to the cost of care for the required notice period. [F/G .1106(b)] | | | | |

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|-----|---|-----|----|----|--------------------------------|
| 13. | <p><i>When a resident receiving State-County Special Assistance (SA) moves out of the facility before the facility's required notice period has elapsed.</i></p> <p>Did the facility refund the remainder of any advance payment(s) following settlement of the cost of care within 14 days from the date of notice or, if no notice was given, within 14 days after the resident left the facility?</p> <p>[F/G .1106(b)]</p> | | | | |
| 14. | <p><i>When there is an exception to the notice to protect the health or safety of the resident or others in the facility, or when there is a sudden, unexpected closure of the facility that requires the resident to relocate:</i></p> <p>Did the facility only charge the resident for any nights spent in the facility and provide a refund to the resident within 14 days from the date of notice?</p> <p>[F/G .1106(c)]</p> | | | | |
| 15. | <p><i>When a resident gives notice of leaving the facility, (as may be required by the facility) and leaves at the end of the notice period.</i></p> <p>Did the facility refund the remainder of any advance payment within 14 days from the date of notice?</p> <p>[F/G .1106(d)]</p> | | | | |
| 16. | <p><i>When the facility does not require a discharge notice to be provided.</i></p> <p>Did the facility provide a refund within 14 days after the resident left the facility?</p> <p>[F/G .1106(d)]</p> | | | | |

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|---|---|-----|----|----|--------------------------------|
| 17. | <p>Resident death</p> <p>Did the facility provide a refund to the resident's authorized representative within 30 days after the resident's death equal to the cost of care for the month minus any nights spent in the facility during the month?</p> <p>[F/G .1106(f)]</p> | | | | |
| 18. | <p><i>When a resident dies and no administrator of his or her estate has been appointed.</i></p> <p>Did facility provide a refund to the Clerk of Court within 30 days after the resident's death equal to the cost of care for the month minus any nights spent in the facility during the month?</p> <p>[F/G .1106(f)]</p> | | | | |
| Questions 19-22 are related to a resident leaving the facility with the intent of return | | | | | |
| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
| 19. | <p><i>When a resident leaves the facility and the resident or his or her responsible person has notified the facility of the intent of returning to it and the resident or their responsible party reserves their bed for a set number of days.</i></p> <p>Did the facility have a written agreement for the payment for the days the bed is held in accordance with Rule .0704(1)(A) of this Subchapter?</p> <p>If the facility requires a 14-day written notice, the requirement is a part of the written agreement and explained by the facility to the resident, resident's family, or responsible person before signing?</p> <p>[F/G. 1106 (e) (1)(2)(3)]</p> | | | | |

| | Area of Review | Yes | No | NA | If no, add notes for follow-up |
|-----|--|-----|----|----|--------------------------------|
| 20. | <p><i>When a resident leaves the facility and the resident or his or her responsible person has notified the facility of the intent of returning to it, but then after leaving, decides not to return to the facility and the resident or someone acting on their behalf notifies the facility that he or she will not be returning to the facility.</i></p> <p>Did the facility refund the remainder of any advance payment equal to the cost of care for the period covered by the agreement within 14 days after notification that the resident would not be returning to the facility?</p> <p>[F/G. 1106 (e) (4)]</p> | | | | |
| 21. | <p><i>For residents who receive State/County Special Assistance.</i></p> <p>Facility did not required payment for more than 30 days except when the resident is residing in the facility, or is anticipated that the resident will return to the facility within 30 days ?</p> <p>[F/G. 1106 (e) (5)]</p> | | | | |
| 22. | <p><i>When there are exceptions to the 14-day notice, if required by the facility, and returning to the facility would jeopardize the health or safety of the resident or others in the facility as certified by the resident's physician or approved by the county department of social services.</i></p> <p>Did the facility provide a refund equal to the rest of any advance payment calculated from the beginning day the facility was notified within 14-days after the resident left the facility?</p> <p>[F/G. 1106 (e) (6)]</p> | | | | |