

REPRESENTATIVE PAYEE ONSITE REVIEW PROGRAM
FOR STATE MENTAL INSTITUTIONS

POLICY REVIEW BOOKLET

(FOR SSA USE ONLY)

Region/State: _____

Institution: _____

Reviewers: _____

Date: _____

PRIVACY ACT

The Social Security Administration (SSA) is authorized to collect information about benefits you received on behalf of a beneficiary (section 205(j) (3) (A) and 1631 (a) (2) (C) of the Social Security Act). This information is needed to enable Social Security to determine if the beneficiary's needs are being met. Failure to provide all or part of this information may result in the selection of another representative payee. The information in this booklet may be disclosed by SSA to another agency or person for the following purposes: (1) to assist SSA in establishing the right of a beneficiary to benefits payable under title II and title XVI of the Social Security Act; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs; and (3) to comply with laws requiring or authorizing the exchange of information between SSA and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies use matching programs to find or determine whether a person qualifies for or receives benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

See below for revised Privacy Act and Paperwork Reduction Act Statements.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO SSA AT THE ADDRESS PROVIDED ON THE LAST PAGE OF THIS FORM.** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

STATE MENTAL INSTITUTION POLICY REVIEW BOOKLET

PART A. IDENTIFYING INFORMATION

1. Date: _____

2. Name of Payee/Facility: _____

3. A. Facility Address (Include Number, Street, City, State, and ZIP Code):

B. Mailing Address--**if different from 3.A. above.** (Include Number, Street, City, State, and ZIP Code):

4. Area Code and Phone Number: () - _____

5. Name and Title of Person Completing this Booklet:

6. Name of Agency or Department:

7. Address--**if different from 3.A. or B. above.** (Include Number, Street, City, State, and ZIP Code):

8. Area Code and Phone Number: () - _____

9. Facility Population: _____

- Number receiving Social Security benefits: _____
- Number receiving SSI benefits: _____
- Number receiving both Social Security and SSI benefits: _____

10. Medicaid Facility?

Yes No

11. Type of Facility:

Psychiatric hospital

Inpatient facility for developmentally disabled

Facility for both mentally ill and developmentally disabled

Other _____
(Describe)

PART B. CERTIFICATION BY INSTITUTION OF CURRENT POLICIES

Note: If you have not previously completed a SSA-9584-BK, Policy Review Booklet, or you are not able to locate a copy of the last booklet completed, skip Part B. and continue with Part C. on page 6.

1. If you have a copy of the SSA-9584-BK, Policy Review Booklet, completed during the last SSA onsite review, you do not need to complete another booklet at this time. Simply complete one of the following statements and attach a copy of the last booklet you completed:

a. I certify that the information in the attached copy of the SSA-9584-BK, Policy Review Booklet, dated _____, is correct.

b. I certify that the information in the attached copy of the SSA-9584-BK, Policy Review Booklet, dated _____, is correct, **except for the following changes:**

Part ____ Number ____ Page ____

Explanation of Changes:

Part ____ Number ____ Page ____

Explanation of Changes:

Part ____ Number ____ Page ____

Explanation of Changes:

Part ____ Number ____ Page ____

Explanation of Changes:

2. ADDITIONAL COMMENTS OR REMARKS:

3. SIGNATURE

4. TITLE

After completing Parts A and B above, send these 5 pages along with a copy of the last SSA-9584-BK, Policy Review Booklet, to SSA at the following address:

PART C. RATE-SETTING AND REIMBURSEMENT PROCEDURES

Introduction: The following questions apply to institutional/facility and State policies and practices with regard to Social Security and/or Supplemental Security Income (SSI) beneficiaries. If the policies and practices differ for these two types of beneficiaries, please provide a separate explanation for each.

1. What is the maximum amount charged by your institution per day, week, or month?

a. For residents who are **not** covered by an assistance program

\$ _____ per _____

b. For residents who **are** covered by assistance programs such as Medicaid (title XIX), identify the program and charges for each:

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

2. Because most residents do not have enough income or resources to cover the total cost of their care, institutions make adjustments to the charges. To determine the amount a resident will actually be charged for care and maintenance, what factors do you consider? (Check all that apply.)

Resident's income and resources Resident's account balances

Resident's condition Resident's spending patterns or personal needs

Amount owed for unpaid care and maintenance charges Income and resources of responsible relatives

Other. Describe: _____

NOTE: If you have a printed rate schedule showing the current amount(s) charged by your institution, please attach a copy to this booklet.

PART D. RESIDENT ACCOUNTS AND SPENDING PRACTICES

1. Is a standard amount of money allocated monthly for each resident's personal spending?

- Yes. How much? Explain. No. Explain.

2. a. Is there a limit on the amount of funds allowed to accumulate in each beneficiary's personal spending account?

Yes. Indicate type and amount of limit.

- SSI limit of \$ _____
- Medicaid limit of \$ _____
- State-established limit of \$ _____
- Institution-established limit of \$ _____

No. Skip to Question 3.

b. When the limit is reached, what action is taken? (Check all that apply.)

- Standard allocation for personal spending is reduced or stopped.
- Personal use funds are "spent-down" by using the excess amount to pay for care and maintenance charges.
- Other. Explain.

3. Is there a limit on the amount a beneficiary is permitted to spend?

No.

Yes. The limit is \$ _____ per week, month, or year for _____
(Type of resident)

The limit is \$ _____ per week, month, or year for _____
(Type of resident)

4. How are special medical items such as dentures, glasses, geriatric chairs, hearing aids, etc. provided?

- Personal funds are used for such purchases
- Dedicated account
- Purchased by institution
- Provided under terms of the Medicaid reimbursement program
- Other. Explain.

5. a. Do you maintain separate burial accounts (or earmark funds for this purpose) for your residents?

- Yes. All residents.
- No residents. Skip to Question 6.
- Some residents. Explain.

b. Are these burial funds held in interest-bearing accounts?

- No.
- Yes. To whom is the interest credited?

c. Are these funds available for the resident if an urgent need arises?

- No.
- Yes. Explain.

d. What happens to these funds if the resident leaves your facility? Explain.

6. a. Do you maintain rehabilitation accounts (or funds earmarked for this purpose) for your residents?

Yes, all residents.

No residents. Skip to Question 7.

Some residents. Explain.

b. Are these rehabilitation funds held in interest-bearing accounts?

No.

Yes. To whom is the interest credited?

c. What happens to these funds if the resident leaves your facility? Explain.

7. How are personal use funds held?

Individual interest-bearing savings or checking account or U.S. savings bonds.
How are the accounts or bonds titled?

- Collective interest-bearing savings or checking account, with interest handled as shown below:
 - Interest prorated to each individual.
 - Interest placed in a general fund for the benefit of all residents.
 - Other. Explain what is done with the interest.

- Non-interest-bearing collective account. Is there a statutory reason for not depositing funds in interest-bearing accounts? Explain.

- Other types of investments. Explain.

8. How are the personal needs of those residents who are unable to get to the canteen or to verbally express their needs provided? Explain.

9. Are staff aware that residents have personal spending funds available and the amount of these funds?

- No.
- Yes. Explain.

10. When a resident needs clothing, how is it supplied? Please indicate the order (e.g., 1 = first through 5 = last) in which the sources are used.

___ Authorize use of resident's personal funds for the items.

___ Ask relatives (or guardians) to supply the items or the necessary funds to purchase the clothing.

___ Provide institutionally purchased clothing.

___ Use institution's supply of donated clothing.

___ Other. Explain.

11. a. Do any of the residents earn wages for work performed either on or off the facility premises?

No. Skip to Question 12.

Yes.

b. Are the resident's earnings from work posted to his/her personal spending account?

Yes.

No.

c. What are the position title(s) of the staff that are responsible for knowing of a resident's work activity and wages, and for making reports to SSA when appropriate?

12. In the past year, have group purchases been made for the residents by pooling their funds?

No.

Yes. Explain.

13. How are remaining conserved/personal spending funds handled when you no longer serve as representative payee for a beneficiary? Explain.

14. How are remaining conserved/personal spending funds handled when a beneficiary dies? Explain.

PART E. PLACEMENT PRACTICES

1. How long after a beneficiary leaves your facility *without* a full discharge do you ordinarily report the change of physical custody to Social Security?

- Social Security beneficiaries: _____
- SSI beneficiaries: _____

2. When a beneficiary leaves the institution *without* a full discharge, do you usually continue to serve as representative payee during a trial period?

No, usually change payee immediately. Yes, usual trial period is:

Other. Explain

3. How long after a beneficiary leaves the institution *with* a full discharge do you ordinarily report the change of physical custody to Social Security?

- Social Security beneficiaries: _____
- SSI beneficiaries: _____

4. When a beneficiary leaves the institution *with* a full discharge, do you usually continue to serve as representative payee for a short period while evaluating the success of the discharge?

No, usually change payee immediately.

Yes, usual trial period is:

Other. Explain

5. What are the position title(s) of the staff responsible for informing SSA of changes in a beneficiary's custody?

6. How do you handle funds for a beneficiary who resides outside the institution and for whom you are still serving as representative payee? Check all that apply:

Total amount sent to custodian to be used at his/her discretion?

Total amount sent to custodian with designated amounts earmarked for specific purposes?

Part sent directly to beneficiary and part to custodian?

Total amount sent to beneficiary (either in a lump sum or installments)?

How are the expenses documented? Explain.

7. When you continue as payee for a beneficiary residing outside the facility, do you or any other agency arrange for follow-up contacts?

No.

Yes. Explain.

8. For those beneficiaries who reside outside of your facility:

a. Describe your procedures for learning about their employment and the amount of their earnings:

b. Describe your procedures for documenting the earnings and expenses:

c. Describe your procedures for making reports to SSA regarding beneficiaries' employment and earnings outside the facility.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Privacy Act Statement

Collection and Use of Personal Information

Sections 205(j)(3)(A) and 1631(a)(2)(C) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to determine if the beneficiary's needs are being met.

The information you furnish on this form is voluntary. However, failure to provide all or part of this information may result in the selection of another representative payee.

We rarely use the information you supply for any purpose other than for making a determination about your continuing entitlement to benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Master Beneficiary Record, 60-0090 and Master Representative Payee File, 60-0222. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.