REPRESENTATIVE PAYEE ONSITE REVIEW PROGRAM FOR STATE MENTAL INSTITUTIONS

POLICY REVIEW BOOKLET

(FOR SSA USE ONLY)

Region/State: _____

Institution: _____

Reviewers:

_____

_____

_____

_____

Date: _____

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(j) and 1631(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from conducting an onsite review and could result in a change in representative payee.

We will use the information to determine whether the representative payee needs guidance or if a change in representative payee is required. We may also share this information for the following purposes, called routine uses:

- To state protection and advocacy systems, that have a written agreement with Social Security Administration to conduct reviews of representative payees, for the purpose of conducting additional reviews that the protection and advocacy systems have reason to believe are warranted; and

- To agencies or entities with responsibility for investigating or addressing possible financial exploitation of, an immediate health or safety threat to, or other serious risk to the well-being of the beneficiary, for referral, when these issues are identified during a representative payee review.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

Additional information is available in our Privacy Act System of Records Notice (SORN) 60-0222, entitled Master Representative Payee File, as published in the Federal Register (FR) on November 2, 2018, at 83 FR 55228. A full listing of all of our SORNs is available on our website at www.ssa.gov/privacy.

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 (OMB) control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to*****:** *SSA*, *6401 Security Blvd, Baltimore, MD 21235-6401.*

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):

3. 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:

Name:

Title:

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 to 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 an assistance program 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 of this booklet.

3. Is the difference between the established cost of caring for the resident and the amount he/she actually pays:

☐ Waived or "forgiven" immediately?
☐ Considered the resident's liability forever?
☐ Waived or "forgiven" periodically every _____ years?
☐ Other. Explain.

4. When a resident is permanently discharged, are any of his/her resources ever used to reduce the accumulated difference between the cost of care and the actual amount he/she has paid?

☐ No. ☐ Yes. Explain.

5. If you receive retroactive (for a period prior to the current month) benefits for a beneficiary, what, if any, portion of these benefits is used toward the cost of his/her care? Explain.

6. Are benefits received via direct deposit?

☐ Yes. ☐ No. Explain.

7. If you serve as payee for children receiving SSI benefits, do you maintain dedicated accounts for them?

☐ Yes. ☐ No. Explain.

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 of 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 the 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 of 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.

PART F. ADDITIONAL INFORMATION

Use this space (or use and attach extra sheet(s) of paper) to expand upon any of the answers in the previous sections or to provide any additional information.

SIGNATURE:	TITLE:

Return this completed booklet to SSA at the following address: