

Soft lenses will not be provided unless necessary for treatment of corneal disease.  
(Effective November 28, 1977)

**Secs. 17-2-120—17-2-122.**

Repealed, May 2, 1983.

**Establishment of a Pilot Program of Shelter Services  
for Victims of Household Abuse**

**Secs. 17-2-123—17-2-128.**

Repealed, August 28, 1981.

**Sec. 17-2-129. Reserved**

**Sec. 17-2-130.**

Repealed, May 11, 1998.

**Secs. 17-2-131—17-2-139.**

Repealed, December 21, 1990.

**Title XIX (Medicaid) Patient Recipient's Personal  
Allowance in a Skilled Nursing Facility, Intermediate  
Care Facility, Chronic Disease Facility or Mental  
Health Facility**

**Sec. 17-2-140. Definitions**

A. **Patient's Personal Allowance.** The Patient's Personal Allowance (PPA) is the amount of money that patients who are recipients of Medical Assistance in Long-Term Care Facilities have accumulated from the amount allowed each month from his or her income for personal needs. Title XIX related persons with no income, or with incomes less than \$25.00 per month, receive up to \$25.00 monthly from the Supplemental Security Income Program.

B. **Long-Term Care Facility.** Long-Term Care Facilities include licensed Skilled Nursing Facilities, Intermediate Care Facilities, and Chronic Disease Facilities and Mental Health Facilities.

(Effective June 30, 1978)

**Sec. 17-2-141. Purpose of patient's personal allowance policy**

The purpose of the Patient's Personal Allowance (PPA) Policy is to establish standards and accounting controls for PPA when the Long-Term Care Facility acts as trustee for publicly-aided patients who are residents of the Long-Term Care Facility. In terms of this section, publicly-aided patients are those recipients who participate in the Medical Assistance program through residence in a licensed Skilled or Intermediate Care Facility, Chronic Disease Facility or Mental Health Facility.

(Effective June 30, 1978)

**Sec. 17-2-142. Patient's authorization for facility to manage funds**

When a facility assumes responsibility for funds for a patient receiving Medical Assistance, there must be a statement on file signed by the patient, his guardian, conservator or legally liable relative authorizing the facility to manage the personal funds. No nursing home shall use or cause to be used for any purpose the personal funds of any patient admitted to a Long-Term Care Facility unless written consent has been obtained from the patient or from a legally liable relative, conservator or guardian.

Consent by a patient shall not be effective unless co-signed by a legally liable relative or guardian if the patient has been determined by a physician to be mentally incapable of understanding and no conservator has been appointed.

A facility may request written authorization from a competent patient of an alternative plan of control of his personal funds if he should become incompetent. A Power-of-Attorney designating a relative or other responsible person may be an acceptable plan for assuming responsibility for the funds. The "other responsible person" shall not be an employee of the facility or in any way related to an employee of the facility.

(Effective June 30, 1978)

**Sec. 17-2-143. The PPA accounting system-responsibilities of facility**

**A. Relative, Guardian or Conservator Handles the PPA.** 1. If a relative, guardian or conservator receives the patient's resource or Supplemental Security Income (SSI) check and keeps the PPA to manage for the patient, the facility is not required to keep any records.

2. If the facility receives the resource or SSI check and remits the PPA to a relative, guardian or conservator, the facility shall obtain a signature from the person receiving funds and record the dates and amounts received. This must be done in the Disbursements Register. If the facility mails checks to the relative, guardian, or conservator, the cancelled checks are acceptable in lieu of a signature. A signed receipt is also acceptable in lieu of a signature. Records must be kept of all these transactions.

**B. Patient Handles His/Her Own Money.** When a Long-Term Care Facility delivers the entire \$25.00 PPA lump-sum amount to the patient, the facility must obtain a signature from the patient for receipt of the money, along with the date and amount received. This must be done in the Disbursements Register or a petty cash receipt slip, or via a check endorsed by the patient. The facility need keep no additional records since it is the patient who is managing his/her own funds.

**C. Facility as Trustee for Funds.** When the facility acts as trustee of the PPA, the facility shall follow the accounting procedures listed below.

1. **The Banking System.** The facility may elect to have individual bank accounts for patients, utilizing bank books, or it may establish a single aggregate trust account or it may have a combination of these two types of accounts. If an aggregate trust account is used, the account shall be clearly entitled as such and the facility owner or administrator shall be at least one of the designated trustees. The trustee account shall be entirely separate at all times from any facility business account. The trustee account need not be interest bearing, but if it is, interest shall accrue for the patients in an equitable manner.

Additional Stipulation: a. Designated trustee updated for sale of facility or change of personnel. b. Interest division in an equitable manner should be spelled out in detail; i.e., mathematical method. c. Survivorship accounts are prohibited.

2. **The Accounting System.** a. Regardless of whether or not a patient's personal allowance is deposited into an individual bank account, or an aggregate PPA trustee account, or some combination, there must be an accounting system maintained which reflects the activity into and out of the bank account. The accounting system, at a minimum, should consist of the following:

1. Receipts Register or acceptable equivalent
2. Patient's Ledger - control card with subsidiary ledger cards (individual patient accounts)
3. Disbursement Vouchers

b. The bank account statements and the patient's ledger shall be in agreement and reconcilable at any point in time. All bank statements and cancelled checks of the trust account shall be kept in the facility for at least three years.

c. All of the personal fund portion of checks or cash received on behalf of the patient shall be deposited into the trustee or bank book account in a timely manner which shall be no later than two weeks after the receipt of the money by the facility.

d. Each patient for whom the facility manages funds shall have an individual recording in the Receipts Register or its acceptable equivalent and all disbursements (cash or check) shall be charged directly to the patient's account.

e. All disbursements made on the patient's behalf (check or cash) shall have an accompanying voucher. All vouchers shall be maintained on file for a period of at least three years to allow for audits of individual patient accounts. These invoices should be kept in individual envelopes or folders with the patient's name on the outside. If cash or a check is disbursed for a number of patients at once, such as an aggregate amount for a hairdresser, barber or newspapers, the invoices submitted by these service people may be kept in an "aggregate" folder in lieu of filing into each individual patient's folder.

The facility may, if it elects, utilize in lieu of individual patient folders, a continuous sequence file of invoices as long as it adheres to a date or reference number from the invoice to the disbursements register.

f. All cash receipts and disbursements shall be recorded in the related registers as follows:

<i>Cash Receipts</i>	<i>Patient's Ledger-Subsidiary Accounts</i>
(1) Date (of entry)	(1) Date (of entry)
(2) Patient	(2) Specific item (i.e., cigarette, shoes, not the words "misc." or "personal needs")
(3) Patient A/C No.	(3) Amount
(4) Amount	(4) A copy of the patient's signature is kept on file and all disbursements are made by check or if in cash, they are verified by a voucher signed by the patient and charged directly to the patient's account.
<i>Cash Disbursements</i>	(5) Persons working with the facility receiving cash from patients for services rendered will sign a voucher for filing in the business office.
(1) Date	(6) Invoice number or date
(2) Check No.	
(3) Payee	
(4) Amount	
(5) Patient A/C to be changed	
(6) Specific item	

g. Patient's ledger records shall be posted once a month.

h. Cash shall be available to patients in the form of actual cash or a check no less than ten hours a week and no less than three days a week. The patients shall be fully informed of the time when they may receive their money.

i. All money disbursed on behalf of a patient shall be within guidelines of Social Services Department guidelines and consistent with that patient's needs and desires.

j. If money is disbursed to a patient by means of a check, or if the patient signs petty cash vouchers, these are acceptable in lieu of a signature in the register.

k. When cash is disbursed to a patient there is no need to itemize other than "cash to patient" if not in excess of \$1.00.

3. Petty Cash in the Facility. The facility may, if it chooses, maintain a petty cash fund in order to make direct cash distributions to patients. The facility must *not* keep on hand an amount which exceeds more than five dollars (\$5.00) per patient or 5 times the number of patients for whom the facility handles funds; however, two hundred and fifty dollars (\$250.00) is allowable regardless of the

number of patients. The facility is responsible to ensure the safekeeping of this money and must repay the patients for any money which cannot be accounted for accurately via the general ledger or which has been lost through theft in the facility.

4. The Distribution of Cash at a Second Point in the Facility. If the facility elects to distribute cash at a point other than the business office, and if it is not convenient that the required records be brought to that point, disbursement vouchers must be maintained at this point.

5. Availability of PPA Records to Department Personnel. All PPA records including the accompanying bank statements, cancelled checks and invoices, must be kept in the facility at all times and must be available to Department of Social Services personnel upon request. The request may be made in person, or by mail.

6. Patient Signatures. It is recognized that not all patients in Long-Term Care Facilities are capable of signing their names. If the patient absolutely cannot sign, then two signatures are needed on the voucher, that of the custodian of the fund and the manager or their designees.

7. Patients with Balances of \$275.00. Patients whose PPA balances held by the facility reach \$275.00 require the establishment of a burial reserve.

8. Specialized Accounting Situations. If the Department auditor and the owner, administrator, or comptroller of a facility or group of facilities reach agreement as to the establishment of a "specialized" accounting system designed to meet particular needs of that facility, the new system must be followed. The Department must agree to any changes in writing. In addition, any of these regulations may be waived at the option of the Department.

9. Request to See PPA Records by Patient or His Authorized Representative, Relative, Guardian, Conservator or Ombudsman. The facility shall, within a reasonable period of time, allow the following persons to see the PPA records of an individual patient: (a) The patient, or his authorized representative, or (b) a responsible relative, or (c) guardian, or (d) conservator, or (e) ombudsman, or (f) representative of the Department of Social Services.

In lieu of this, the facility may send copies of the records in the general ledger to the person making the request.

10. Items That May Not Be Charged to Personal Fund Allowance. When the facility is Trustee for the PPA, the funds must be used only for the patient's personal needs. The funds shall not be used to purchase items included in the per diem rate set by the Rate Setting Commission for the facility or allowable under the Medical Care Plan on a vendor payment basis, or includable under the Rate Setting Regulations. Therefore, patients' gowns, geri-chairs, physical therapy, speech therapy and other like items are not chargeable.

To guide you further, a partial list of items that cannot be charged to the patient's Personal Allowance Fund appears below.

This list is not intended to preclude the facility from purchasing items which are not reimbursed through the per diem or on a fee for service basis and charging them through the PPA funds.

- (a) Group activities or entertainment which occurs within the facility.
- (b) Parties organized by the facility.
- (c) Medically necessary drugs, medicines or medical supplies.
- (d) Funeral expenses, up to \$600.00.
- (e) Room and board to the facility.
- (f) Wheelchair purchase, rental or repair. (The facility is not, however, expected to provide customized, i.e., motorized wheelchairs.)

- (g) Physical restraints.
- (h) Transportation to obtain necessary medical treatment.
- (i) Gifts to relatives in excess of \$25.00.
- (j) Medically necessary treatment ordinarily paid for under the Title XIX program.

11. Withdrawal of Personal Needs Funds. At no time may any funds be withdrawn from the Personal Fund account for use in the business or operating expense of the facility or for the personal use of any employee, administrator, owner or relative thereof. The Personal Funds are not available for loan to anyone.

12. Individual Unable to Use Monthly Personal Needs Allowance and His Account Accrues. A. At the time of admission the facility should contact the District Office Resource Unit to determine if the individual has assets.

B. If the individual has no assets when his account accrues to a balance of \$275.00 the facility will apply any excess over \$250.00 to a bank account for the patient established for burial purposes only. When a burial account accrues to \$600.00 and the patient's account in the facility has a balance of \$275.00, any excess over \$250.00 must be applied to the monthly cost of care.

C. If the individual has the maximum assets allowed (\$250.00 personal funds plus \$600.00 burial reserve) the balance in the patient's account may accrue an additional \$25.00. Any amount over \$275.00 in personal funds must be applied towards the patient's monthly cost of care.

D. To serve as notice to the Department and the recipient that personal funds in excess of \$275.00 have been applied to the cost of care, the facility will complete Form W-138 "Application of Excess Personal Funds to Cost of Care" in quadruplicate and will distribute it as follows: One copy is attached to the W-291N Billing Form and submitted to the Medical Disbursements' Section in Central Office. The second copy is sent to the appropriate District Office for filing in the case record, the third copy is given to the recipient and the fourth copy is kept on file by the facility.

There have been instances where accumulated personal funds have been transferred to families. The facility will be held responsible for such transfers except upon specific approval of the Department of Social Services. Money gifts at Christmas and relative birthdates are exceptions to the above, but must be reasonable.

13. Personal Funds of a Patient Who is Transferred to Another Long-Term Care Facility. If a patient is transferred or released to another Long-Term Care facility, the patient shall leave retaining his or her bank book; the balance of the patient's funds shall be sent to the new facility within ten (10) days of the transfer date. This shall include any cash held in the facility plus any amount held in aggregate trustee bank account.

14. Discharge or Release of a Patient to Community Living. The patient who has been discharged from the facility to the community shall leave retaining his or her bank book or with a check for the balance of his PPA account. The amount shall reflect the cash held in the facility plus the bank balance.

15. Death of a Patient While in a Long-Term Care Facility. If a Title XIX recipient in a facility expires, funds on deposit in his account become part of his estate. Immediately upon the death of the recipient, the facility will notify the District Office Resource Supervisor. Within seven (7) days of the patient's death the Department of Social Services District Office Resource Supervisor will inform the facility as to the disposition of the patient's funds.

16. Patient is transferred to a Hospital and Does Not Return to Facility. If a patient is transferred to a hospital and does not return to the facility, the balance of the PPA must be sent to the patient within ten (10) days after he/she leaves the

hospital. If the patient cannot be located, the Department of Social Services should be contacted.

(Effective June 30, 1978)

**Sec. 17-2-144. Annual accounting to the department of PPA balance**

Annually, by each June 1st, an accounting must be made to the Department of Social Services reflecting the balance of the PPA for each patient for whom the facility handles the funds. If money is held in an aggregate trustee bank account, the balance for each patient must be accompanied by a bank statement. A bank statement is not necessary for individual patient bank accounts. The accounting must consist of the following:

- (a) Recipient's name
- (b) Welfare number
- (c) Welfare Service Office
- (d) Petty cash held in facility for patient
- (e) Balance held in bank book for patient
- (f) Balance held in Trustee account for patient
- (g) Any other money being held for patient for whom facility is trustee

If the facility is not trustee for any patient's money it *must so state* by each June 1st to the Department.

The accounting to the Department must be submitted by June 1st of each year on the Statement of Patient's Personal Fund Account (Form W-411) and must be dated, signed by the administrator of facility, and mailed to:

Connecticut State Department of Social Services  
Internal Audit Division  
110 Bartholomew Avenue  
Hartford, Connecticut 06115

(Effective June 30, 1978)

**Sec. 17-2-145. Accounting of personal funds upon sale of a facility**

If the facility is sold, an accounting must be made to the Department of the Personal Funds balances which are to be transferred to the new owner. This accounting must consist of the use of the "Statement of Patient's Personal Fund Account" form (the same format as the annual accounting) and must be signed and dated by both the seller and the buyer. In the case of corporations it must be signed by a person authorized on behalf of the corporation. In a partnership, one or both partners may sign; if a sole owner, he/she must sign. The accounting must be accompanied by the most current bank statement and must be reconciled accurately with the statement. The W-411 form must be mailed to the same address as in Item 17.

The Department will not enter into a contract with a new owner unless this information is submitted.

If the facility does not handle any Patient's Personal Allowance it must so state upon sale of the facility.

Should changes occur in personnel responsible for personal needs funds accountability, appropriate changes in authorized signature for checking accounts or designated Trustee for Savings Passbooks shall be made at financial institutions and documented. The supporting data is to be made available for review purposes.

(Effective June 30, 1978)



