

Suggestions for Long-Term Care Facilities To More Effectively Prevent and Respond to Delinquent Facility Accounts

(Some information edited from a document produced by the March 1994 Minnesota “Mini-Conference on Resident Discharge Cases: Part 1 - Issues Dealing with Non-payment”)

This Guide suggests strategies that long-term care facilities may find helpful to avoid or more effectively respond to non-payment problems with new residents and their responsible parties, i.e., family members, representative payees, conservators or guardians. The timeframe of the suggestions spans the interactions of the facility with the resident and responsible party from orientation and admission to 30 days following the first notice of non-payment. The concluding section suggests optional actions to address unresolved non-payment issues.

I. Admission Process:

- A specific staff member(s) may be designated by the facility to assist with the resident’s admission and to be the “point person(s)” for follow up with the resident and responsible party.
- It is suggested that during the admission process (or as soon following an emergency admission as possible) the facility provide considerable focus on the topic of payment, by discussing and providing in writing:
 - Clarification of charges
 - Clarification of payment expectations
 - Who will be responsible for payments
 - Payment methods
 - Consequences of late or non-payment, as detailed in the facility’s (or corporation’s) collection policies and procedures
 - A request that the resident’s income/benefit sources be officially notified of the resident’s change of address to the facility address. Copies of the official notification(s) may be requested for the resident’s facility records.
 - Name and contact information for:
 - The designated staff person who monitors residents’ accounts
 - Medical (financial) assistance office at the county department
 - Other pertinent payment sources (See “Pension and Retirement Fund” listing)
- Resident and family issues that may be addressed by the facility at admission:
 - Request that copies be provided for facility records of any court or other official documentation of designated financial authority held over the resident by a guardian, conservator, trust administrator, representative payee, agent with power of attorney, or other.
 - Review the limitations of the resident’s payment sources.
 - Provide a basic explanation of Medicare benefits and requirements.
 - Review terms of resident’s long term care insurance policy, if applicable.

- Emphasize the importance of the resident's/responsible party's communications with the county department regarding Medicaid eligibility, including changes in the resident's status, income or resources.
- Offer to the resident and responsible party information about and direct assistance with medical assistance application, such as the time-limited appeal period, should assistance be denied.

II. 30 Days Post-Admission/Payment Transition

- Determine whether payment was made for the first month.
- If no payment was made for the first month, it is suggested that the designated staff person:
 - Contact the resident and, if possible, the responsible party to discuss the non-payment issue.
 - Follow up with the resident and responsible party 30 days prior to the expiration of any previous payment source to determine how future payments will be made.
- If included in the business policy, the facility may:
 - Contact the responsible party by registered mail, reminding him/her of the contract agreement to remain current on the account and the consequences of failing to do so.
 - Encourage the resident or responsible party to petition for a court appointment of a conservator for the resident to better assure the proper use and monitoring of the resident's assets.

III. 30 Days After Non-Payment Determined

It is suggested that the facility conduct an internal assessment to determine:

- The name and location of the responsible party, if different from the resident.
- If the non-payment is due to Medicaid application/eligibility issues, in which case the following process may be followed:
 - Obtain resident/responsible party consent for the facility to assist in the Medicaid eligibility application process, or find a reputable and qualified person outside the facility who will assist with the application process.
 - Obtain a release from the resident/responsible party and send it to the county, asking for the status of the medical assistance application. While Medicaid is in "pending" status, the facility may need to check with the county department of social (human) services on a weekly basis to determine the status of the application.
 - If necessary, file the initial Medicaid application on behalf of the resident, with appropriate resident/responsible party permission and signatures. This action secures the date for determining eligibility for Medicaid. The

more detailed combined application form may not be completed by the facility, and must be done by a county department intake worker or eligibility technician.

- If the facility is aware that the resident has been determined ineligible for Medicaid, it may remind the resident and responsible party of the time-limited period during which an appeal must be made.
- If the non-payment is related to problems with other payer sources, facility staff may assist the resident or responsible party with the appropriate appeal or complaint process.

IV. Unresolved Payment Issues

Eviction due to non-payment is always a last resort response. In order to avoid or postpone the eviction of a resident, the facility may consider the following options:

- Request that civil action for non-payment be initiated by the legal representative for the facility/corporation against the resident/responsible party.
- Consult with the long term care ombudsman, who may:
 - Review the interventions attempted by the facility and suggest alternatives
 - Assist, with the resident's permission to follow up on the Medicaid eligibility process with the county or state departments
 - Refer refusal to process a Medicaid application or, in a timely fashion, denial of Medicaid eligibility, to the Older Americans Act, Title III Legal Services Provider
- If established in the facility business policy, notify the court that the resident's assets are not being used for his/her care, request that the resident's financial status be reviewed by the court and that a conservator be appointed for the resident.
- Contact and provide proof of non-payment due to the misuse of the resident's assets to:
 - State Legal Services Office
 - Title III Legal Services Provider
 - Social Security Administration (800-772-1213)
- Refer the case to APS for a determination of eligibility for protective services.
- Refer the case to law enforcement and/or the district attorney's office.
- If none of the above result in payment, issue the 30 day notice of discharge (eviction) due to non-payment.

For more information, contact:

Pat Stanis, CO Adult Protective Services, 303-866-2834, patricia.stanis@state.co.us.

PENSIONS AND RETIREMENT FUND INFORMATION

Black Lung

Miner's Benefits

800-366-4612 (All benefits west of the Mississippi)
M-F 8am – 4:30pm
Requires miner's Social Security number.
U.S. Department of Labor
1999 Broadway, Suite 690
P.O. Box 46550
Denver, CO 80201-6550

Civil Service Annuity Board

U.S. Office of Personnel Management

888-767-6738; TDD 800-878-5707
Retirement O.P. Center
P.O. Box 45
Boyers, PA 16017
E-mail: retire@opm.gov
Website: www.opm.gov/retire/

Dana Corporation Benefits & Payroll Services

No single number for Dana Retirees. Each company handles its own benefits. Contact the company the resident or resident's spouse worked for. If the resident has health care with Dana, look on the Health Care Card for a phone number. Call that number and you will be directed to the correct contact.

Website: www.dana.com/contact/
(Click on "Retiree Benefits Processing Center")

Department of Defense

Website: www.dod.mil/militarypay/
(Click on "Site Map")

Federal pension payeeship

Only available to legal guardians.
(See "Civil Service Annuity Board" contact information above.)

General Motors Pension

GM National Benefits Center

800-489-4646
Website: www.gmnb.com/pageshome/home.asp
(Click "Contact us"/ "Contact list"/ "National Benefits Center")

Military Retirees

800-321-1080 - Main contact number
Follow the prompts.
Live assistance is available by phone.
www.defenselink.mil/militarypay/
Annuitants - 800-321-1080 (US)
or 216-522-5955 (Outside US)
Former Spouses – 866-859-1845 or
www.dfas.mil/money/garnish

Military Members of:

Air Force Active – Local Finance Office

Air Force Reserves – Local Reserve Center Finance Office

Army Active –Serving Defense Military Pay Office or Finance Battalion

Army Reserves – 888-PAY-ARMY (888-729-2769) or administrative unit

National Guard – 888-PAY-ARMY (888-729-2769) or administrative unit

Army Separates – 888-PAY-ARMY (888-729-2769)

Marine Corps Active – Local Administrative Office

Marine Corps Reserves – Local Administrative Office

Navy Active – 800-346-3374 or Local Personnel Support Detachment

Navy Reserves – 800-255-0974 or Local Reserve Personnel Support Detachment

NAF Employee – Local Administrative Office

Norwest Retirement Center - (See Wells Fargo)

PERA – 800-759-7372 or 303-832-9550

Press #2, and #2 again for Customer Service.

PO Box 5800, Denver, CO 80127

Website: www.copera.org

E-mail: use website - go to "contact us"

Denver Office Location/Fax

1300 Logan Street, Fax: 303-863-3727

Westminster Office Location/Fax

1120 West 122nd Ave, Fax 720-929-2150

Railroad Retirement Board

District Office 373

800-808-0772 or 303-844-4311,

Fax: 303-844-2609

M-F 9am – 3:30pm
721-19th Street, Room 177
PO Box 8869, Denver, CO 80201
Website: www.rrb.gov

Social Security Administration

800-772-1213 Will provide the address and phone number of the closest regional office according to Zip Code.
www.ssa.gov/payee

UFCW (United Food and Commercial Workers) & Denver Area Meat Cutters

303-430-0334 or 800-390-3083
Press #3 for retiree program
Fax: 303-430-0224
8700 Turnpike Drive, Suite 200
Westminster, CO 80031

United Mine Workers of America

Regional Office – Region 4 (District 22)
6525 West 44th Ave
Wheat Ridge, CO 80033
303-425-7110
National Headquarters: UMWA Health and Retirement Funds
2121 K. Street NW
Washington, DC 20037
202-521-2200
www.umwa.org

U.S. Steel Corporation & Carnegie Foundation Fund

412-433-5690
600 Grant Street, Room 2618
Pittsburg, PA 15219-2800
E-mail: cpfwebmaster@uss.com

Veteran's Administration

800-827-1000
Press #1, then #4 for information, including office location, mailing address, hours and directions.
Website: www.iris.va.gov

Wells Fargo Retirement Center (formerly Norwest) 866-243-0933

Contact this number with resident's SS#. Appropriate contact number will be provided for one of several retirement plans with different companies.
Website:
http://www.wellsfargo.com/retirement_center/

OTHER UNION PENSION CONTACTS:

National headquarter addresses and phone:
<http://www.knowyourpension.org/directory.aspx>
Scroll down or click the specific union.

- **Air Line Pilots Association**
- **American Federation of Labor - Congress of Industrial Organizations (AFL-CIO)**
- **Communications Workers of America**
- **Hotel Employees & Restaurant Employees International Union**
- **International Association of Machinists & Aerospace Workers**
- **Int'l. Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers**
- **Int'l. Brotherhood of Electrical Workers**
- **International Brotherhood of Teamsters**
- **International Longshoremen's Assoc.**
- **International Union of Bricklayers and Allied Craftworkers**
- **National Air Traffic Controller's Assoc.**
- **Seafarer's Int'l. Union of North America**
- **Sheet Metal Workers' Int'l. Association**
- **United Farm Workers**
- **United Mine Workers of America**
- **United Steelworkers of America**

DEALING WITH REPRESENTATIVE PAYEE FRAUD

This information provides suggestions to facility staff regarding how to inquire about and/or change the payee for a resident who is the beneficiary of Social Security benefits, but whose funds are being misused and misdirected by the designated representative payee. This information will be helpful if the person designated as the payee is someone other than the beneficiary (resident) and that person neglects to keep the resident's facility account current.

SOCIAL SECURITY REPRESENTATIVE PAYEESHIPS:

1. The phone number for the local SSA office can be obtained by calling:
 - a. 1-800-772-1213
 - b. Hours of operation for 800 line assistance are 7am –midnight Mon-Fri and 8am - 3:30pm Sat-Sun EST or go to www.socialsecurity.gov
 - c. After the initial message, listen for the prompts to continue for SSA information.
 - d. Provide the zip code to which the SSA checks are being sent.
 - e. The service will provide the following local SSA Information:
 - Address of office
 - Hours of operation
 - Phone number
 - Driving directions & parking information (for some).
2. Contact the local Social Security Administration (SSA):
 - a. Alert them that the designated representative payee is not paying for the resident's (beneficiary's) care and residential expenses.
 - b. Inform the local SSA office that the situation potentially endangers the beneficiary's medical care and/or residential arrangements.
3. Request, complete, and submit to the local SSA office, the "Request To Be Selected As Payee," i.e., the SSA-11-BK.
4. Request that the resident's physician complete the "Physicians/Medical Officers Statement of Patient's Capability to Manage Benefits" form, i.e., form - SSA-787.
5. Make and keep copies of the completed forms for facility records.
6. Mail the completed original forms to the local SSA office. Applications for a payee change that are sent prior to the 15th of the month will result in a change of payee designation in approximately 6 weeks.
7. **Representative Payee fraud may also be reported on the internet using the form provided at the following SSA website address:**
https://www.ssa.gov/oig/public_fraud_reporting/form.htm

This form may be completed by county Adult Protective Services (APS) staff or staff of long term care or assisted living residences. The information will be used by APS to determine what, if any, APS response is appropriate.

1. IDENTIFYING INFORMATION

Facility Name: _____ Phone: _____

Address: _____

Facility Social Worker: _____

Facility Administrator: _____

Resident's Name: _____ DOB: _____

Party Responsible for Payment: _____ Phone: _____

Party's Relationship to Resident: _____

Reporter's Name: _____ Position: _____

2. RESIDENT STATUS

The resident is capable of making financial decisions.

Yes No

The resident believes that care payment arrangements are secure.

Yes No

The resident understands that his/her bill is not being paid and:

- Will soon have funds sent directly to the resident.
 Yes No
- Agrees to appoint the facility as representative payee.
 Yes No

The resident declines to pay the unpaid account.

Yes No

The resident is unable to facilitate payment of the unpaid account.

Yes No

An eviction notice has been sent to the resident and responsible party.

Yes No

The resident and/or the Long Term Care Ombudsman are appealing the eviction.

Yes No

The resident has been evicted from other facility due to non-payment.
 Yes No

3. ACTIONS TAKEN BY THE FACILITY

Has a discharge plan been developed for the resident?
 Yes No

If so, to where will the resident be discharged? _____

Date of pending discharge _____

How many months has the account been unpaid? _____

What is the unpaid account balance? \$_____

Has the non-payment issue been referred to any of the following: (Check all that apply.)

- Attorney Collection Agency
 Ombudsman

Has the responsible party responded to phone calls/messages?
 Yes No

Has the facility sent a registered letter(s) to the responsible party?
 Yes No

Has the responsible party responded to the registered letter(s)?
 Yes No

4. FINANCIAL AUTHORITY

Check types:

Check if document is at facility*:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Court Appointed Guardian | <input type="checkbox"/> |
| <input type="checkbox"/> Court Appointed Conservator | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Durable Power Of Attorney w/ Financial Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Durable Power Of Attorney w/o Financial Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Financial Durable Power Of Attorney | <input type="checkbox"/> |
| <input type="checkbox"/> General Financial Power Of Attorney | <input type="checkbox"/> |
| <input type="checkbox"/> Representative Payee | <input type="checkbox"/> |
| <input type="checkbox"/> Trustee/Trust Administrator | <input type="checkbox"/> |
| <input type="checkbox"/> Written Agreement With Facility For Account Payment | <input type="checkbox"/> |
| <input type="checkbox"/> Verbal Agreement With Facility For Account Payment | <input type="checkbox"/> |

A. Name: _____ Phone: _____

Authority: _____ Relationship to resident: _____

B. Name: _____ Phone: _____

Authority: _____ Relationship to resident: _____

* It is recommended that the facility maintain a copy of documents in the resident's file.

5. SOCIAL SECURITY STATUS

Has the facility reported concerns regarding the delinquent account to the Social Security Administration?

Yes No

Has anyone applied for representative payee designation?

Yes No

If yes, who? _____ Date applied: _____

Has anyone received representative payee designation?

Yes No

If yes, who? _____ Date designated: _____

6. MEDICAID STATUS/ AP 5615 FORM:

Approved for Medicaid

Has Not Applied for Medicaid

Pending - Date of application: _____ AP-5615 FORM sent to County: _____

Denied

AP-5615 FORM returned to facility

7. RESIDENT'S MONTHLY INCOME, ASSETS, AND DEBTS (Enter value for each.)

INCOME

SSA/SSDI
\$ _____
SSI
\$ _____
Medicaid \$ _____
RR
\$ _____
VA
\$ _____
Black Lung
\$ _____
Other
\$ _____
Total
\$ _____

ASSETS

Home(s)
\$ _____
Land
\$ _____
Business
\$ _____
Savings
\$ _____
Retirement
\$ _____
Trusts
\$ _____
Other
\$ _____
Total
\$ _____

EXPENSES

Facility Costs \$ _____
Co-pay
\$ _____
Insurance
\$ _____
Loan
\$ _____
Loan
\$ _____
Other
\$ _____
Other
\$ _____
Total
\$ _____

8. INDICATORS OF POSSIBLE FINANCIAL EXPLOITATION (Check all that apply.)

While the resident lacked capacity:

- The resident signed checks or important documents, such as a will or Power Of Attorney (POA) instrument.
- A title change took place for the resident's home or other valuable assets.

The responsible party, fiduciary, or family member:

- Is suspected of spending the resident's money on purchases for his/her own use.
- Is suspected of not paying numerous other bills in addition to the facility bill.
- Is a recent acquaintance that expresses unusually deep affection for the resident.
- Has a POA signed and dated when the resident lacked capacity to understand such action.
 - Is evasive about or tells implausible, confusing stories about finances to resident or others.
- Isolates or alienates the resident from contact with others.
- Refuses to spend money for appropriate care of the resident.
- Exhibits unusual concern that too much money is being spent on the resident's care.
- Promised the resident life long care in exchange for assets or changes in the resident's will.

Other:

- The resident lacks common personal items that he/she could afford.
- The resident with capacity signed papers, but doesn't know what was signed.
- Signatures on checks and documents do not resemble the resident's signature.
- The resident writes numerous checks or there is unusual bank activity, such as withdrawals from an ATM when the resident cannot get to an ATM.
- Other _____

Name of person completing this form: _____

Date: _____