Management of Personal Funds and Payment for Support, Maintenance and Treatment

Facility Name	
Individual Name	Case Number
Legally Authorized Representative (LAR)	Relationship to Individual

Management of Personal Funds

The facility allows each individual at the facility to decide, to the extent of the individual's abilities, how personal funds (in this document, the words “personal funds” include both earned and unearned funds) will be managed. This form documents how the individual, identified above, or the individual's legally authorized representative (LAR) wants the individual’s personal funds to be managed.

This decision is made by the:

1. individual, if the individual is determined to have the ability to do so;
2. individual’s LAR, if the individual has an LAR authorized to make such a decision; or
3. director of the facility, if the individual does not have the ability to make this decision and does not have an LAR. If the director makes the decision, the director will designate the facility to manage the individual’s personal funds.

The individual, the individual’s LAR, the facility or any other person who agrees in writing to do so may be designated on this form to manage the individual’s personal funds. Neither the individual nor the individual’s LAR is required to designate the facility to manage the individual’s personal funds.

Facility Management of Personal Funds

If the facility manages the individual’s personal funds, all of the individual’s personal funds received by the facility will be deposited into an account for the individual. The individual or LAR may request the individual’s personal funds be maintained in:

1. an account with the personal funds of other residents, sometimes referred to as a “pooled” account; or
2. a separate account.

Whether in a pooled or separate account, a detailed accounting of all deposits and expenditures made on behalf of the individual will be kept by the facility. The facility will provide the individual or LAR with a copy of this accounting within 72 hours of the individual or LAR requesting it. The account will be maintained in accordance with rules of the Department of Aging and Disability Services (DADS) and is subject to audit and inspection by DADS and the Texas Health and Human Services Commission (HHSC).

There will be no additional charge for managing the personal funds of the individual unless, as explained below, the individual or LAR requests that the funds be maintained in a separate, rather than pooled, account. The individual's personal funds will be returned to the individual or LAR within 30 days after receiving a request for it or within 30 days after the individual is discharged from the facility.

Payment of Support, Maintenance and Treatment

Each individual at the facility is responsible for paying a part of the cost of care at the facility. This is sometimes referred to as the support, maintenance and treatment (SMT) charges. The amount is determined by HHSC and depends on the individual’s financial resources, including government benefits and work earnings received by the individual.

Attached to this form is a list of items and services included in the facility’s basic rate. Payment of the SMT charges satisfies the individual’s responsibility for those items and services. A list of common items and services for which the individual would have to pay using personal funds is also attached.

The facility will prepare a notice of the amount of the SMT charges each time a fee is established or changed. If the individual’s personal funds are managed by the facility, the SMT charges will be paid from the individual’s personal funds. The individual or LAR may request that the facility send a copy of this notice each month.

If the individual’s personal funds are not managed by the facility, the notice will be sent to the person designated to manage the individual’s personal funds, and that person will be responsible for payment of the SMT charges. The person receiving the notice may appeal the amount due if that person believes the amount has been determined incorrectly. In addition, if the individual is eligible for Medicaid services, monthly bank account statements for the account maintained on behalf of the individual must be submitted to the facility to monitor resources and maintain eligibility for services.

Choice Regarding Management of Personal Funds

Choose **one** of the following three options regarding management of the individual's personal funds:

☐ **Option 1:** *I choose to have the facility manage the individual's personal funds, subject to the conditions explained in this document.*

If Option 1 is chosen, indicate the type of account the facility should use in managing the individual's funds:

☐ **Option A:** *The funds managed by the facility may be deposited in an account with funds of other individuals residing at the facility, or a pooled account.* (Note: There is no charge for this option.)

☐ **Option B:** *The funds managed by the facility must be deposited in a separate bank account.* (**Note:** All fees and charges related to setting up or maintaining a separate account will be paid using the individual's personal funds.)

If Option 1 is chosen, indicate whether you would like a notice of SMT charges sent to you in addition to notice provided each time a fee is established or changed:

☐ **Option A:** *I request that a copy of the notice of SMT charges be sent to me each month, in addition to the notice provided each time a fee is established or changed.*

☐ **Option B:** *I do not wish to receive a copy of the notice of SMT charges each month. I understand that I may receive an accounting of the individual's personal funds, including SMT charges paid, upon request to the facility.*

☐ **Option 2:** *I choose to manage the individual's personal funds myself, subject to the conditions explained in this document.* (**Note**: The individual may be chosen to manage personal funds only if the individual has been determined to have the ability to do so.)

☐ **Option 3:** *I choose to have the following person manage the individual's personal funds, subject to the conditions explained in this document.*

Name of Person			
Relationship to Individual	Telephone No.		
Address	City	State	ZIP Code

By signing this document, you agree to the options you have marked above and acknowledge that you have received a list of the items and services included in the facility's basic rate, as well as items and services specifically excluded from the basic rate. You also acknowledge that you understand that the individual's personal funds may be used to pay for items and services not included in the facility's basic rate and that the individual's personal funds will be used to pay SMT charges.

Signature _____ Date _____

Relationship to Individual	Telephone No.		
Address	City	State	ZIP Code