



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**OPERATION OF PATIENT DEPOSIT FOR
THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: June 3, 2020

Policy: MSH FMHF-05

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- I. PURPOSE:** To establish guidelines for the operation of handling patient funds received at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:** The MSH Patient Accounts Office is the official depository for funds of patients admitted to the FMHF.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
 - A. Chief Financial Officer:** Ensuring procedures for appropriate operation of Patient Accounts.
 - B. Accounting Supervisor, Accountant, Accounting Technician (Patient Accounts), and Accounting Clerk (Claims/Receipting Clerk):** All procedures according to policy.
 - C. FMHF Social Workers:** Requesting monthly statements for patients on their unit. This report will detail each patient's financial status and should be used by the treatment team to make decisions relating to a patient's financial resources. This report is considered *highly confidential* and it is the unit supervisor's responsibility to insure its confidentiality. Updated balances on an individual patient may be obtained by the social worker, unit supervisor, or other authorized personnel by contacting Patient Accounts on an as needed basis.
 - D. FMFH Admission Staff:** Receive money and verify receipt with the patient and appropriate staff.
- V. PROCEDURE:** The following detailed procedures set forth how money is to be deposited and withdrawn from an individual patient account.
 - A. RECEIPT OF PATIENT FUNDS UPON ADMISSION:**

Upon the admission of a patient, the ward clerk initially receives the funds from the patient and issues a personal effects sheet as a receipt for the amount received. The personal effects sheet is to be signed by the patient. In the event the patient cannot or will not sign the personal effects sheet, a notation on the receipt as either, "Patient unable to sign," or "Patient refused to sign," followed by dated signatures of two (2)

staff members are required. The *original* personal effects sheet is retained in the patient's medical record. The *second copy* and funds will be given to the teamster to take to the Receiving Clerk in the MSH Business Office. The *third copy* is given to the patient. In the event the patient is not capable of receiving the personal effects sheet, it is to be kept with the patient's other articles retained in the FMHF Admission Office. If the admission is not during normal Business Office hours, the funds and personal effects sheet are placed in FMFH Chart Room Safe to be given to the teamster to take to the MSH Receiving Clerk the following business day. If the admission is during normal hours, the admission clerk, ward clerk, teamster or authorized personnel will take funds and signed personal effects sheet to the Business Office for deposit.

- B. The teamster submits the funds and receipt(s) to the MSH Receiving Clerk. The *original receipt* (white copy) is sent to the Ward Clerk to give to the appropriate Social Worker. At the end of the business day the Accountant retrieves funds along with the *second copy* (yellow copies) and prepares the daily deposit. The Accounting Clerk then records the receipts into the spreadsheet. The *third copy* (pink copy) is delivered to Patient Accounts and the appropriate transaction(s) is completed. All checks received by the Receiving Clerk are to be *immediately* stamped "**For Deposit Only**". The Accountant responsible for deposits will store all funds in the Business Office Safe until the deposit is picked up by the teamster and the deposit is made. Deposits will be made in accordance with Chapter 2-1210.20 Montana Operations Manual. All monies are deposited daily, with the exception of the first business day of the month which will be deposited the following business day.
- C. After preparing the deposit and before the deposit is made, the Accountant will submit the receipt and the deposit slip to the Purchasing Clerk, Accounting Clerk, Accounting Supervisor, or the Chief Financial Officer for verification. The reviewer will initial both the receipt and the deposit ticket to signify the amounts are in agreement. The deposit is kept in the Business Office Safe until the teamster picks up the monies and transports to the appropriate banking facility. The teamster is responsible for immediately returning the bank deposit receipt to the Accounting Technician who will then attach the bank deposit receipt to the appropriate series of receipts and enter into the spreadsheet, and files with the yellow receipts. If the bank deposit receipt is not returned to the Accounting Technician the same day, the Accounting Technician will report the incident to the Chief Financial Officer and Accounting Supervisor.
- D. PATIENT FUNDS RECEIVED ON THE UNIT:
1. Patients are not allowed to keep money in their custody. Exceptions are made for special events authorized by the treatment team.
 2. All patient funds are to be deposited in Patient Accounts. When a staff member receives patient funds, the funds must be deposited in the patient's account and a

receipt is to be written for the amount received. If the funds are received from the patient, the receipt is to be made out to the patient. If the funds are received from a third party, the receipt is to be made out to the third party with "For: Patient's Name" the deposit is being made. Funds are not to be returned to the patient once a receipt has been issued. The *original receipt* (white copy) is given to the patient or third party. The *yellow copy* along with the funds is given to the Receiving Clerk. The *pink copy* is retained in the book on the unit. The receipt is to be signed by the staff member receiving the money and the patient; *if applicable*. The receipt book is kept on the treatment unit in the control room. If the funds are received during regular business hours, funds must be given to the teamster to be deposited immediately in Patient Accounts. If the funds are not received during regular business hours, the funds are to be placed in an envelope with the *Patient's Name; Patient's Number; Date; Treatment Unit and Amount indicated on the front*. The envelope is then put into the Chart Room Safe. **Under no circumstance** should the money remain on the treatment unit. The teamster is given the funds the next business day to deposit with the MSH Receiving Clerk.

3. Funds are to be delivered to the MSH Receiving Clerk by the teamster or other authorized personnel. The Receiving Clerk will issue a receipt to the delivering individual indicating on the receipt the patient to whom it is to be credited. The *original receipt* (white copy) is given to the person delivering the funds and is to be returned to the patient. The *second copy* (yellow copy) and the funds are delivered to the Accountant. Funds will be deposited in the appropriate bank. The *third copy* (pink copy) is delivered to the Accounting Technician (Patient Accounts) for recording to the patient's account and filing.

E. AUTHORIZED TREATMENT STAFF SIGNATURES:

1. Each treatment unit is required to maintain a list of staff members authorized to sign special withdrawal requests as the treatment team member. Two (2) staff member signatures are required if the patient is unable to sign. A copy of the authorized signature list must be maintained on the treatment unit with the original on file in Patient Accounts. When a change is necessitated on the authorized signature list, such changes must be forwarded to Patient Accounts.

F. REQUEST FOR MONEY TO PAY BILLS OF PATIENTS:

1. When community bills, including medical expenses, follow the patient to FMHF the bills will **NOT** be paid from the patient's account unless authorization for such payment is given by the patient and the unit program manager.
2. Authorization for payment is given by completing the Request for Approval to Release Funds from Patient Accounts Form (Attachment B - long form). This form is initiated by the treatment team and forwarded to Patient Accounts where the current financial information is completed.

3. The long form is then forwarded to the Accounting Supervisor, Accountant, Chief Financial Officer, or other authorized personnel for a recommendation to approve or not to approve based on the current financial status of the patient. Upon determination of funds being issued from the patient's account, the Accounting Technician processes a check in the amount requested. The check is then attached to the properly authorized documentation and presented to *two* (2) of the authorized signatories for signature.
4. Signatories authorized are the Chief Financial Officer, Accounting Supervisor, Accountant, Payroll Supervisor, Purchasing Agent, and Quality Improvement Director. After *two* (2) signatures are received, the check is properly delivered and the documentation for withdrawal is filed.

G. CANTEEN ORDERS:

1. All patients are required to sign a Cashless System Agreement (Attachment C) prior to being able to obtain items from the Canteen. A Patient Account Request (Attachment D- money sheet) signed by *two* (2) authorized treatment team members is required to be sent to Patient Accounts no later than 4:00pm on the day before the unit is scheduled to update their spending authority at the Canteen.

The canteen system will not allow the patient to spend more than their weekly allowance. The order is then sent to the Canteen to be completed. After the order is filled, it is sent to the unit via a teamster, except for the daily pop run, and the unit will be responsible for pick up. All copies of the order are priced at the Canteen. The orders are electronic; one copy of the order accompanies the merchandise to the unit along with the original cash register receipt for the patient or *two* (2) staff members to sign; the signed receipts are sent to Patient Accounts and another copy of the order remains at the Canteen. The orders are checked by the ward clerk or other authorized personnel immediately upon receipt.

H. FUNDS WITHDRAWALS:

1. All patients are required to sign a *Cashless System Agreement* (Attachment C) prior to being able to obtain items from the Canteen. The request originates upon admission and is sent to Patient Accounts and is then entered into TIER under the Patient Account tab *Patient Account Request* (Attachment D - money sheet). A *Patient Account Request* (Attachment D – Money Sheet) signed by *two* (2) authorized treatment team members is required to be sent to Patient Accounts no later than 4:00 pm on the day before the unit is scheduled for updating their spending authority at the Canteen. Patients will not be able to purchase items on their fund day until after 12:00 p.m. This gives the Business Office time to close out the spending accounts from the previous week, post amounts to individual accounts, verify funds remaining and post updated spending authority for the upcoming week. *Funds will be dispersed according to the following schedule:*

- Thursday before 11:00 am – FMHF (Pods A, B, C): Teamster will pick up items from Canteen prior to 11:00 a.m. each Thursday.

Any patient not on the Patient Account Request will not be issued funds during the week, unless a special circumstance arises. If such conditions exist, a *Request for Approval to Release Funds from Patient Accounts Form (Attachment B - long form)* is submitted to Patient Accounts and forwarded to the Accounting Supervisor, Accountant, or Chief Financial Officer for approval. Once approved it is submitted for withdrawal of funds. Regarding new admissions and patients receiving funds after their unit's regular day, the unit will be responsible for completing a *Request for Approval to Release Funds from Patient Accounts Form (Attachment B – long form)* and send to Patient Accounts for processing. If the request is received before 10:00 a.m. the spending authority will be in place at the canteen by noon and for requests received after 10:00 a.m. the spending authority will be in place at 4:00 pm that day.

I. CATALOG ORDERS:

1. Orders for merchandise from mail order catalogs or online are initiated at the treatment unit. The completed purchase order is forwarded to Patient Accounts along with *Request for Approval to Release Funds from Patient Accounts Form (Attachment B – long form)*, and a signed online permission form; ***if applicable.*** Patient Accounts will indicate the balance in the account and then forward the request to the appropriate person(s) for approval. Upon receipt of the approved request, a check or allocation of funds is issued on behalf of the patient and the order is sent to the appropriate party for purchase.

J. DISCHARGES OR HOSPITAL LEAVES:

1. This procedure is to be used when a patient is leaving on an extended home visit, convalescent leave, or final discharge. Patient Accounts must be notified at least ***forty-eight*** (48) hours before the date of departure. This will enable Patient Accounts to determine the amount of money in the patient's account along with how much care and maintenance is to be held, and if the patient has any outstanding bills. A *Special Withdrawal Request Form (Attachment A – short form)* is completed. The form is then delivered to Patient Accounts where a check and/or cash will be issued for the total amount in the patient's account less any amounts determined from the above noted investigation.
2. Patients being discharged to a rest home or another hospital will be allowed to withdraw \$25.00 cash for miscellaneous expenses and the remainder will be issued in the form of a check and will accompany the patient. In cases where Patient Accounts is not aware of a discharge, funds will be sent immediately by mail after obtaining an address from the social worker.

3. If a discharge by any of the above methods is cancelled, Patient Accounts is to be notified *immediately*.

A forwarding address on each discharged patient must be given to Patient Accounts!

K. RESIDENTS RELEASED TO OTHER INSTITUTIONS:

1. This procedure is to be followed when a patient is transferred to another state institution. Patient Accounts is to be notified at least *forty-eight (48)* hours before the date of departure. This will enable Patient Accounts to determine the amount of money in the patient's account along with how much care and maintenance is to be held and if the patient has any outstanding bills. A *Special Withdrawal Request Form* (Attachment A – short form) is to be completed. The form is to be delivered to Patient Accounts where a check will be issued payable to the institution to which the patient is being transferred. The check will normally be forwarded to the proper institution within *two (2)* business days after reconciliation of funds.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Chief Financial Officer, Director of Nursing, FMHF Program Manager, Accountant, Patient Accounts Accounting Technician, FMHF Social Worker.

VIII. RESCISSIONS: MSH FMHF-05, Operation of Patient Deposit for the FMHF dated February 1, 2016.

IX. DISTRIBUTION: All MSH FMHF policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Chief Financial Officer.

XII. ATTACHMENTS: For internal use only.

- A. [Discharge Funds Request Form \(Short Form\)](#)
- B. [Request for Approval to Release Funds from Patient Accounts \(Long Form\)](#)
- C. [Cashless System Agreement](#)
- D. [Patient Account Request \(money sheet\)](#)

Signatures:

Kyle Fouts
Hospital Administrator

Tracey Thun
Chief Financial Officer