

388-97-0340 Protection of resident funds

(1)

The resident has the right to manage his or her financial affairs and the nursing home may not require residents to deposit their personal funds with the nursing home.

(2)

Upon written authorization of a resident, the nursing home must hold, safeguard, manage and account for the personal funds of the resident deposited with the nursing home.

(3)

The nursing home must establish and maintain a system that assures a full, complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing home on the resident's behalf and must: (a) Deposit any resident's personal funds in excess of fifty dollars, one hundred dollars for medicare residents, in an interest-bearing resident personal fund account or accounts, separate from any nursing home operating accounts, and credit all interest earned to the account; (b) Keep personal funds under fifty dollars, one hundred dollars for medicare residents, in a noninterest-bearing account or petty cash fund maintained for residents; and (c) Make the individual financial record available to the resident or his or her surrogate decision maker through quarterly statements and on request.

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(b)

Keep personal funds under fifty dollars, one hundred dollars for medicare residents, in a noninterest-bearing account or petty cash fund maintained for residents; and

(c)

Make the individual financial record available to the resident or his or her surrogate decision maker through quarterly statements and on request.

(4)

The nursing facility must notify each resident that receives medicaid benefits: (a) When the amount in the resident's account reaches two hundred dollars less than the SSI resource limit for one individual; and (b) That if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one individual, the resident may lose eligibility for medicaid or SSI.

(a)

When the amount in the resident's account reaches two hundred dollars less than the SSI resource limit for one individual; and

(b)

That if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one individual, the resident may lose eligibility for medicaid or SSI.

(5)

The nursing home must convey the resident's funds, and a final accounting of those funds, to the resident or to the individual or jurisdiction administering the resident's estate, within thirty days of the discharge, transfer or death of any resident with a personal fund deposited with the nursing home. The funds of a deceased medicaid resident must be sent to the state of Washington, department of social and health services, office of financial recovery.

(6)

The nursing facility must purchase a surety bond, or an approved alternative, to assure security of personal funds of residents deposited with the facility.

(7)

Medicare certified and medicaid certified facilities may not impose a charge against a resident's personal funds for any item or service for which payment is made under medicaid or medicare as described in 42 C.F.R. § 483.10(c)(8).

(8)

Medicare certified and medicaid certified nursing facilities must: (a) Not charge a resident (or the resident's representative) for any item or service not requested by the resident; (b) Not require a resident, or the resident's representative, to request any item or service as a condition of admission or continued stay; and (c) Inform the resident, or the resident's representative, requesting an item or services for which a charge will be made that there will be a charge for the item or service and what the charge will be.

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as a condition of admission or continued stay; and

(c)

Inform the resident, or the resident's representative, requesting an item or services for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(9)

When a resident's financial eligibility for nursing facility services is established by the department, the facility must refund to the resident: (a) Any deposit that was required prior to eligibility; and (b) Any payments for services that will be covered retroactively by medicaid.

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(b)

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