Abstinence-Linked Money Management Program
Management of Patient Funds

Policy

The Abstinence-Linked Money Management Program is a money management program for patients with a history of using cocaine and receipt of SSI or SSDI. Yale has been entrusted with funds to fulfill the specific aims of the grant proposal and is committed to conducting its business under the highest ethical standards. All faculty and staff involved in the Abstinence-Linked Money Management Program are obligated to ensure that patient funds are used for authorized purposes, and are expected to exercise their responsibilities with integrity, following ethical and sound business practices.

Leadership responsibilities for fiscal control include assurances that the following exist:

- Documented policies and procedures
- Staff properly trained for assigned duties
- Mechanisms to ensure compliance with policies

Program Account

The Abstinence-Linked Money Management Program will maintain a non-interest-bearing checking account for monies received by and on behalf of patients enrolled in the study and for payment of patients’ expenses.

Location of Funds

All blank checks will be kept in a locked cash box in a locked safe, located in the Financial Assistant’s office. The Financial Assistant, DSA (Division of Substance Abuse) Associate Administrator and his appointed back up will have access to the safe. All patient funds will be held in a non-interest bearing checking account. Patient discretionary funds will be loaded to debit cards to be used for their expenses.
Debit Cards

Patients enrolled in the study will be issued reloadable debit cards (prepaid credit cards). Unlike ordinary credit cards, these prepaid cards are powered by deposited cash and therefore the money in the prepaid account is the only money available to spend. This means there is no risk of overspending from the card. Money will be loaded on to the cards that can then be used at retailers and online merchants. It can be used to pay bills and put minutes on cellular phones. The card may be used to withdraw cash at an ATM machine.

Benefits to the prepaid cards include:

- Patients gain immediate access to their funds at ATMs and can make purchases at point-of-sale locations.
- Safety - The card can be made worthless if it is lost or stolen
- Control - The credit report provides a full breakdown of spending on the card
- No debt risk - Spending is limited to the amount on the card.

Roles and Responsibilities

The Abstinence Linked Money Management primary financial responsibilities will be conducted at the Division of Substance Abuse Offices under the auspices of the Department of Psychiatry, Yale School of Medicine. Roles and responsibilities are designed to ensure the integrity and accountability of the program and the appropriate separation of functions. Marc I. Rosen, Associate Professor of Psychiatry, serves as the program’s Principal Investigator and will be responsible for meeting the scientific goals of the project and for direct supervision of program staff. Debbie Pearlman, Clinical Administrator of the Department of Psychiatry, is responsible for planning, directing, and managing the business affairs of the Department of Psychiatry. Ms. Pearlman will serve as the University’s responsible official for the checking account established for this program. Roles specific to the function of the Money Management program are described below:

Marc Rosen, P.I., Division of Substance Abuse – M&P 21

- Trains and supervises therapists
- Reviews therapist records of funds requests and addresses discrepancies reported by Financial Assistant
- Investigates client complaints about study therapies

Therapists, Research Associate/Division of Substance Abuse – M&P 21

- Assists the patient in completing Budget/Consent Form, Change of Mailing Address for Entitlements Form or Direct Deposit for Federal Benefit payments Form. Provides one copy of each form to the patient and to the DSA Financial Assistant
- Serves on the on-call schedule to screen need for after-hours disbursements
- Provides Money Management counseling to patients enrolled in the project.
- Completes study related forms
• Conducts evaluation visits, weekly urinalysis and breathalyzer testing
• Alerts DSA Financial Assistant of patient termination;

Desiree Wilson, Financial Assistant V, Division of Substance Abuse – C&T D
• Sets up patient accounts in QuickBooks
• Updates patient accounts in QuickBooks to include all deposits and other transactions.
• Enrolls patients into prepaid debit card program. Maintains up-to-date cardholder information, changes card status and reloads accounts via the Internet
• Secures safe and all checks and blank checks
• Generates checks for all sites and obtains DSA Associate Administrator signature
• Balances accounts to QuickBooks using Daily Proof Sheet and Audit Trail Report
• Maintains all documentation
• Verifies deposits and initials deposit slips; verifies bank deposit tickets
• Reconciles debit card disbursements to Budget Consent Forms
• Reconciles checking account bank statement and petty cash to QuickBooks
• Verifies Daily Proof Sheet
• Verifies Monthly audit Trail Reports
• In the absence of the DSA Associate Administrator, serves as liaison with the Department of Psychiatry management

Christopher DiGioia, Associate Administrator, Division of Substance Abuse - M&P 24
• Sets up Program in QuickBooks including establishing a Chart of Accounts
• Writes policies and procedures and designs forms
• Trains and supervises support staff
• Serves as liaison with Department of Psychiatry management
• Signs checks and initials supporting documentation
• Oversees account activity for accuracy and compliance to written policies

Karen Robitaille, Associate Administrator, Department of Psychiatry - M&P 26
• Reviews monthly bank reconciliation
• Spot checks petty cash and account records
• Reviews summary of cash received/disbursed vs. Bank statement
• Reviews QuickBooks reconciliation
• In those limited instances when the DSA Associate Administrator is unavailable, serves as back up check signer and processor.

The Principal Investigator, DSA Financial Assistant and DSA Associate Administrator will meet periodically to review the policies and procedures and ongoing management of the program. A representative from the Psychiatry business office will be invited to all meetings. The Clinical Administrator of the Department of Psychiatry must approve revisions to current policies and procedures prior to implementation. Any material changes in the management of the program must be approved by YSM Finance and the University Controller’s Office.
Recruitment and Consent

Subject recruitment into the Abstinence-Linked Money Management Program will be by direct invitation (clinicians will be asked to identify eligible patients and refer them to the study) and by advertisements posted throughout the mental health centers. Recruitment and screening for inclusion criteria will be the responsibility of the research assistant under the supervision of the Principal Investigator. The recruiter will speak to eligible subjects about the program and will obtain the subject’s written informed consent to participate. The Principal Investigator will review and approve of all patients entering the program before randomization.

During the initial session, the study participant and the Study Therapist will review the individual’s personal finances and together they will complete the following forms:

Client Budget and Consent Form (Attachment A). An analysis of the patient’s sources of income and expenses which will enable the Money Management program to deposit, budget, and disburse subject monies as outlined on the form. The patient, a witness, and the Study Therapist will sign all Consent forms. Witnesses, for the purpose of this program, will be a Yale or State of Connecticut employee. Copies will be distributed as follows: One copy to the DSA Financial Assistant who will verify that all patient accounts set up in the QuickBooks system are supported by authorized and signed Consent forms and one copy to the patient.

Direct Deposit for Federal Benefit Payments (Attachment B). Completed and faxed to The Social Security Administration

The Financial Assistant will set up an account file for each study subject. All account files will be kept in a locked filing cabinet in the Financial Assistant’s office. All consent forms and correspondence will be filed in the patient account file.

The Financial Assistant will set up a patient (customer) account as a Current Liability Account in QuickBooks, the approved personal finance software. All QuickBooks files will be backed up on a daily basis through the ITS-Med back up system.

Procedures for Deposits

All monies will be deposited via direct deposit, and will be verified by accessing the Yale University checking account on line at www.bankofamerica.com. Two copies of the Deposit transaction detail will be printed for each deposit. One copy will be held in the patient’s file and the second copy will be attached to the daily proof sheet.

All deposits on behalf of patients will be recorded by the Financial Assistant into the individual patient accounts in QuickBooks. Each receipt number will be recorded in QuickBooks.
Procedures for Disbursement of Funds

It is the responsibility of the Money Management Program to disburse funds for the purpose of paying patients’ bills as well as loading and reloading patient debit cards to provide spending money to individual patients. Disbursement of funds may be both scheduled as well as unscheduled and may be made directly to vendors as well as directly to patients via patient’s debit card. Payments to vendors (both scheduled and unscheduled) will be made by check by the Financial Assistant with oversight by the DSA Associate Administrator and will be made in accordance with the Patient Budget and Consent Form and the Fund Request Worksheet (Appendix C). Payments to patients (both scheduled and unscheduled) will be made by reloading the patient’s debit card with their available funds.

Disbursement via Checking Account

There are two circumstances for which the disbursement of funds from the Yale University checking account is warranted: 1) payment of patients’ bills and 2) reloading patient’s debit cards.

Payment of Patients’ Bills:

Following the budget parameters outlined on the Client Budget and Consent Form, the Coordinator, using QuickBooks, will generate checks for DSA Associate Administrator signature from the checking account for rent, utilities, and other patient expenses. It is anticipated that the majority of patient bills will be paid during the first week of every month. Relevant information such as invoice number, rent payment, etc. will be recorded in the QuickBooks check writing system. Checks will be brought to the DSA Associate Administrator for authorization between the hours of 3:00 and 4:00PM. Checks must be accompanied by all supporting documentation. Upon review of the documentation and check, the DSA Associate Administrator will sign the check and initial any supporting documentation. A photocopy of each check and its supporting documentation will be retained, sequentially, in the Financial Assistant’s Office. A second photocopy of each check and its supporting documentation will be faxed to the site and will be retained in the patient’s account file. It will be the responsibility of the Financial Assistant to mail all payments being made on behalf of program patients using the CMHC mailroom.

Changes to the Client Budget and Consent form may be achieved with the Fund Request Worksheet, with authorizing signatures from the patients and a witness, as well as acknowledgement from the Study Therapist. The Study Therapist will provide a copy to the patient and to the DSA Financial Assistant.

The DSA Financial Assistant will order an initial supply of two-ply laser printer checks and envelopes from QuickBooks. The need for subsequent orders will be reported to the DSA Financial Assistant by the Study Therapist.
Scheduled Disbursement of Money
On a weekly basis the Study Therapist will assess the need for money by patients enrolled in the program. The Financial Assistant will load funds patient’s debit cards, and the Study Therapist will verify receipt of funds electronically. A receipt will be printed and retained in the Patient File. The Financial Assistant will record the transaction in QuickBooks.

Emergency (unscheduled) Disbursement

If the patient has available funds, the debit card may be reloaded. This may take up to 24 hours.

Lost or stolen cards:
The patient will be instructed to notify the money manager immediately if their card is lost or stolen. The central office will contact the bank to cancel that card. The central site will have a replacement card on hand.

Account Management

Central Site

All entries into QuickBooks Patient Accounts will be the responsibility of the Financial Assistant and will be made in chronological order and on a daily basis, excluding weekends and University holidays and recess days. Patient accounts will be balanced to QuickBooks.

The Daily Proof Sheet will be forwarded to the DSA Financial Assistant by 4:00PM for review and verification, including any and all debit card reloading transactions for that day.

The Financial Assistant, the study PI, and the DSA Associate Administrator will have access to the QuickBooks data files via a shared drive on ITS-Med. The DSA Associate Administrator will manage passwords and access.

Satellite Site
Each money manager at the satellite sites will be sent weekly financial statements for each patient enrolled in the study. Financial Statements will be filed in patient’s account file and will be used in the money management session.

Voiding or Deleting Checks

Voiding a check changes the amount of the QuickBooks transaction to zero, but keeps a record of the transaction in QuickBooks. If it is necessary to stop payment on a check or a check is lost, the Financial Assistant will void the check rather than deleting the check. All voided checks will be filed numerically in the Study Therapist’s Office.
Reconciliation of Checking Account

It is the responsibility of the DSA Financial Assistant to reconcile the checking account on a monthly basis to make sure the QuickBooks records and the bank’s records agree. Reconciliation will be completed approximately within three business days of receipt of the monthly statement. When the monthly reconciliation is completed, the Psychiatry Department Associate Administrator will be contacted and an appointment will be scheduled for an on-site review.

All reconciliation records will be kept in the DSA business office. In preparation for the monthly review, the DSA Financial Assistant will prepare the following package:

- Monthly bank statement with all supporting documentation (checks/deposit slips)
- QuickBooks reconciliation worksheets (checking account & petty cash account)
- Daily proof sheets and balance sheets
- Audit trails
- Patient budget and consent forms
- Fund request worksheets
- Petty cash replenishment forms

Upon review of the reconciliation, the Psychiatry Department Associate Administrator will sign and date the Reconciliation Checklist that will be placed in front of the monthly records. Any questions or concerns about the monthly review will be addressed by program staff.

Loss or Theft of Patient Monies

In the event that funds are lost or stolen, the Study Therapist will alert the DSA Associate Administrator immediately and will file a written police report. The DSA Associate Administrator will immediately notify the Psychiatry Department Accountant and the University’s Cash Manager. Any replenishment of lost or stolen funds will be made through the use of a DSA Current Use Account.

Reporting

The Money Management Program will provide statements reflecting an accurate account of monies spent to the patient, his/her study therapist, and the DSA Financial Assistant on a monthly basis and by special request. The Program will also provide yearly accounts of monies spent to the Social Security Administration and to the Department of Social Services, in order to facilitate redeterminations as necessary.

Ending Study Participation

Upon termination from the program, the Study Therapist will complete a Notification of Ending Study Participation Form (Attachment D). The form will be signed by the patient and by the Study Therapist. The Study Therapist will run a Patient Account report from
QuickBooks and based on the balance in the patient’s account, will load the patient’s debit care with the balance. The check, the QuickBooks report, and a copy of the Notification of Ending Study Participation Form, will be delivered to the DSA Associate Administrator for verification and check signature. Two working days will be required for this transaction.
Patient Budget and Consent Form

Patient: ___________________________ Date: ____________________

Address: _______________________ SS#: ____________________

Income – Check those to be managed by the Program

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SSI</td>
<td>$</td>
</tr>
<tr>
<td>☐ SSDI</td>
<td>$</td>
</tr>
<tr>
<td>☐ Other</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Monthly Income: $ ____________________

Expenses

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Payee/Account #/Description</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rent</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Telephone</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Electricity</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Credit Cards</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Transportation</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Food</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Cable</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Debit Card Allowance</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

I hereby give consent to the Yale University Money Management Program to deposit, budget and disburse my monies as outlined above. I understand that my monies will be deposited into a Yale University non-interest-bearing checking account and that I will incur no bank charges through my participation in this program. Yale University will assume responsibility for safeguarding my monies while such monies remain in the possession of the Money Management Program and its staff. I understand that requests for additional money or withdrawal of money from the program will be processed as described in the signed Consent.

_________________________________________ Date _________________
Patient

_________________________________________ Date _________________
Study Therapist

_________________________________________ Date _________________
Witness

Copies to: Patient
Accountant
Business Office

Division of Substance Abuse  February 26, 2008  Abstinence Linked Money Management Program
Department of Psychiatry  Yale School of Medicine
Direct Deposit for Federal Benefits Payments

Name of Federal Benefit Recipient

Address

Telephone Number

SS#

I, request that my SSDI/SSI benefits be directly deposited into the following account:

<table>
<thead>
<tr>
<th>Checking Account Title:</th>
<th>Yale University Resource Administration Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 –Digit Routing Number:</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
</tbody>
</table>

I authorize this payment to be sent to the financial institution named above, to be deposited into the account above.

______________________________________________________________
Patient  Date

______________________________________________________________
Study Therapist  Date
Request for Additional Funds/Account Statement

Check all that apply:

I am requesting  

☐ Additional Funds ____________(Amount)

☐ Account Statement

Patient Name__________________________________________________________

Date of Request: ___________          Date Needed: ___________

Patient Signature:_____________________________________________________

Study Therapist remarks/recommendations: ________________________________

____________________________________________________________________

_______________________________________________________________

Study Therapist Signature:____________________________________________

Copies to:
Patient
DSA Accountant
Psychiatry Business Office
Notification of Ending Study Participation

Date: ___________________________ Report Prepared by: ___________________________

Patient Name: _______________________ ID No: ___________________________

Account Balance in QuickBooks: ................................................................. $______
...................................................................................................................

This request for reimbursement of patient funds requires two working days

__________________________  __________________________
Patient Signature                  Date

__________________________  __________________________
Study Therapist Signature         Date

__________________________  __________________________
PI/Designee Signature             Date

Received by DSA Business Office on: _____/_____/_____

Patient Account Verified by: ___________________________