

Expanded Monitoring Program Educational Visit Questionnaire for Volume and Fee for Service Payees

Organization/Agency/Payee/Name:

Servicing Field Office: _____ OA [] DOP [] CA [/ /]

Lead Reviewer's Name:

Lead Reviewer's Phone Number:

Part 1 – Meeting Information

1. Date and time site visit scheduled for (*Send confirmation letter.*):

2. List the name and SSN of each beneficiary selected for the review sample:

3. Address(es) to be visited (*Indicate if payee office or beneficiary residence*):

4. Name, title and phone number of primary contact:

5. Name, title and phone number of alternate contact:

6. What is the name of the person responsible for each of the following representative payee workloads?
(*Include the individual's title and phone number if not the same person named in question 4 or 5.*)

Receiving and posting benefits to ledgers:	
Completing annual accounting forms:	
Paying beneficiaries' bills:	
Determining beneficiary needs:	
Monitoring resource limits:	
Administering dedicated accounts:	
Reporting changes to SSA:	
Completing SSA forms:	
Reconciling bank statements:	
Internal audits of beneficiary accounts:	

7. Can you provide a list of beneficiaries served including their SSNs, their current residence addresses, daytime phone numbers, and conserved fund balances; and a copy of any internal written guidelines for managing beneficiary funds; and a copy of a sample financial ledger including a key for reading any codes on the ledger? []Yes []No

How many beneficiaries are currently being served? From RPMT:

From Payee:

8. Is the conserved fund balance of any SSI beneficiary more than \$2,000 (\$3,000 for a couple)?

Yes No Balances Not Submitted

9. Is your organization licensed? Yes No (FFS only)

a If "Yes", provide SSA with a copy of the license.

b If "No", explain (e.g., licensing not available in jurisdiction, license expired):

10. Is your organization bonded? Yes No (FFS only)

a If "Yes", provide SSA with a copy of the bond.

b If "No", explain:

11. If the payee is bonded, calculate the minimum required bond amount for this payee:

a Average amount of social security and SSI benefits received in one month:

b Amount conserved funds on hand:

c Add a. and b. for minimum required bond amount for this payee:

(Minimum coverage must equal or exceed the total in 11c.)

12. a. Do you charge a fee to beneficiaries directly for payee services or for any other service you provide (e.g., SSA-approved FFS, fee deducted from personal needs allowance of institutionalized beneficiaries, fee for administrative expenses)? Yes No

If "Yes," list:

Beginning Date	Frequency (e.g., monthly, weekly)	Reason for Fee	How Fee Determined or Fee Amount

13. a. Have you collected fees from beneficiaries for past months from either current or retroactive benefits?

Yes No

If "Yes," list:

Beginning and Ending Dates	Amount	Frequency (e.g., monthly, weekly)	Reason for Fee

14. Do you collect a fee or receive a payment for services from any source other than the beneficiaries (*e.g., court or guardianship fees, fees from a State agency for providing services to the beneficiary*)?

Yes No

If "Yes," list:

Beginning Date	Amount	Frequency (<i>e.g., monthly, weekly</i>)	Reason for Fee

15. If you charged any fees, have you waived fees whenever monthly living expenses exceeded the amount of the monthly benefit? Yes No Situation has not occurred

If "No," what was the impact on the beneficiary(ies)?:

Part 2 – Determining Beneficiary Needs

Information from payee:

16. How often and under what circumstances do you see/speak to the beneficiaries to keep informed of their needs? (For children in foster care, how often do social workers visit the children to keep informed of their needs and welfare?)

17. Do beneficiaries have ready access to you? Yes No

If "No," how do you ensure beneficiary needs are met?

18. Do you actively help beneficiaries in other ways (*e.g., trying to negotiate the best deals from landlords, grocers, and banks; shopping for bargains and sales; learning of needs; seeking medical help; finding suitable housing; establishing a process for social workers to obtain necessary items/services for a foster child; notifying adoptive parents that a child may be eligible for benefits*)? Yes No

Explain answer:

19. If you serve institutionalized beneficiaries, do you set aside at least \$30 per month for their personal needs?
 Yes No

If “No,” explain:

20. If you serve non-institutionalized beneficiaries do you set aside any money for discretionary spending
(*exclude charges for care and maintenance*)? Yes No

Explain answer:

21. If the beneficiaries are children in foster care, do you set aside some of the children’s own funds or provide
funds for children when they attain age 18 to help them transition into adulthood? Yes No

Explain answer:

22. Do any beneficiaries in the sample have unmet needs? Yes No

If “Yes,” explain:

Part 3 – Use of Benefits

Information from payee:

23. Do any beneficiaries live in a facility(ies) or housing that you, a relative of yours, or your organization
own or operate? Yes No

If “Yes,” explain the arrangement:

24. How do you establish and/or budget for current maintenance costs? (*a: for facility, b: for beneficiaries*)

a

b

25. Do you save for beneficiaries’ future needs? Yes No

If “No,” explain:

26. Do you ever disburse cash, including negotiable instruments such as checks, debit cards, gift cards and money orders, directly to a beneficiary other than small sums for discretionary spending or personal needs or disburse cash to a third party? Yes No

If “Yes,” for each beneficiary list:

Name	SSN	Amount	Frequency (e.g., weekly)	Method (e.g., cash, check)	Reason for Disbursement

27. a. Did you receive any past-due (*retroactive*) benefits which were used to pay a past debt owed to you?
 Yes No (*go to 28*)

- b. If “Yes,” was SSA approval obtained? Yes No

If “No,” explain:

Information from Reviewer:

28. Explain to the payee what a “conduit” payee is (*a payee who turns over all or most money to a beneficiary or someone else to decide how to use*).

Part 4 – Reporting Events

Information from payee:

29. What process do you use to report changes (*e.g., change of address, income, resources, reports of death to 800# or servicing FO*) that affect Social Security or SSI benefits?
30. What process do you use to report when a beneficiary is no longer in your care (*e.g., adoption of a child in foster care*) or you have lost contact with a beneficiary and to report changes in a beneficiary’s competency (*appointment of a guardian*)/capability?

31. How do you handle conserved funds when a beneficiary is transferred or discharged from your care (*funds must be returned to SSA*) or dies (*conserved funds of deceased beneficiaries must be turned over to estate*)?

32. Do you negotiate or deposit the Social Security or SSI checks of any beneficiaries for whom you are not the representative payee in an operating account? Yes No

If “Yes,” list the names and SSNs of these beneficiaries:

Information from Reviewer:

33. Explain to the payee their reporting responsibilities and how to report changes to SSA. Provide the SSA Internet address and remind the payee that they can complete the annual accounting reports online, as well as, find useful information on best record-keeping practices and answers to some common questions.

<https://www.ssa.gov/bsowelcome.htm>

<https://www.ssa.gov/payee/NewGuide/toc.htm>

Address any Overdue Accounting and/or Death Overpayment(s)

Part 5 – Payee’s Banking Procedures

Information from payee:

34. Do you use direct deposit for all beneficiaries? Yes No

If “No,” explain why not, and how paper checks are safeguarded until negotiated:

35. Do you keep beneficiary funds in a bank account(s)? Yes No

If “Yes,” describe the type of account(s) used and how you use the accounts to help manage the beneficiaries’ funds (*e.g., benefits received in a collective checking account via direct deposit, checks for living expenses written from collective account, conserved funds held in individual savings accounts*) and to pay beneficiary bills:

If “No,” explain how you manage beneficiary funds and pay beneficiary bills:

Part 6 – Collective Accounts (Complete this Part if the payee reported a collective account in question 35.)

Otherwise, go to Part 7 if the payee reported any individual checking and/or savings accounts in question 35; or go to Part 8 if the payee reported no accounts in question 35.)

Information from payee:

36. Provide the following information about the collective account:

Bank Name & Address:
Type of Account (<i>circle applicable type</i>): Savings/Checking Account #:
Title of Account (<i>format</i>):

37. Does the bank charge any fees? Yes No (*go to question 39*)

If “Yes,” how much are the fees and what are they for?

38. Are the fees charged to the beneficiaries? Yes No

If “Yes,” explain the fee-charging method:

Information from Reviewer:

39. Is the collective account correctly titled? Yes No

40. Is the collective account separate from the payee’s operating account? Yes No

If No, Explain to the payee the proper way to set up either a collective account and/or individual accounts.

Note: If funds are 'held' in operating account, check box and explain proper conservation of funds.

41. Is interest prorated and credited to beneficiaries on the basis of their share of account funds?

Yes No Account not interest-bearing

If not, explain guidelines.

42. Do financial records show each beneficiary’s current balance? Yes No

Part 7 – Checking and Savings Accounts *(If the payee reported any individual checking and/or savings accounts in question 35, complete this Part. If the payee reported more than one checking and/or savings account in question 35, record the information for at least one checking/savings account in questions 43 through 45. If additional space is needed, document additional account(s) in the Remarks/Observations section (Part II).*

Information from payee:

43. Provide the following information about the account(s):

Bank Name & Address:
Type of Account (<i>circle applicable type</i>): Savings/Checking
Title of Account (<i>format</i>):

List Beneficiary Names (*in the sample*) and Account #'s

44. Does the account earn interest and are beneficiaries credited with the interest? Yes No

If “Yes,” explain how and when interest is credited and how reflected in the payee’s records:

If “No,” why not?

45. Does the bank charge any fees? Yes No

If “Yes,” what are the fees for, how much are they, and how are they charged to beneficiaries?

Part 8 – Dedicated Accounts

Information from payee:

46. Were you required to establish a “dedicated” account for a minor child/individual receiving SSI benefits?
 Yes No (*go to Part 9*)

47. Do you still maintain funds in a dedicated account? Yes No

Note to Review Team: If payee maintains a dedicated account and the SSN was not included in the review sample, ask the payee to provide a list of SSI beneficiaries with dedicated accounts and review at least 1 case.

If “No,” explain how funds were used:

48. Did you make expenditures from this account during the period of review? Yes No

If “Yes,” explain what expenditures were for:

Part 9 – Other Financial Instruments

Information from Payee:

49. Do you hold any conserved funds of beneficiaries in the sample in another account (*e.g., burial account, money market account*) not previously mentioned or by another method (*e.g., mutual funds, property*)?
 Yes No

If “Yes,” describe and provide evidence of the financial instrument or property:

Part 10 – Recordkeeping

Information from payee:

50. Describe your recordkeeping system (*e.g., paper ledgers, automated ledgers, patient accounts maintained on site, check ledgers*). Include in your description:
- Any internal controls in place (*e.g., periodic record reconciliations, independent audits, internal audits, countersignature requirements, separation of employee duties, restricting access to beneficiary accounts, safe or locked cabinets for checks stock, etc.*) for monitoring and safeguarding individual beneficiary funds;
 - Your process for paying beneficiary bills and the supporting documentation you maintain; and
 - Your procedures for providing beneficiaries with discretionary spending money or a personal needs allowance and overseeing these disbursements.

Information from SSA reviewer:

51. Are the financial records (*ledgers, receipts/invoices, bank statements, cancelled checks*) retrievable and orderly? Yes No

If “No,” explain:

52. Do ledgers correctly and clearly identify both receipts of benefits and expenditures; and do checking account registers, cancelled checks, and receipts/invoices correctly and clearly identify expenditures?

Yes No

If “No,” explain:

53. Are you able to follow the electronic or paper trail that supports the receipt and disbursement of beneficiary funds? Yes No

If "No," explain:

54. Did the payee make any expensive or unusual purchases for beneficiaries in the sample?

Yes No

If "Yes," list (so you can complete the Note to Interviewers on the SSA-639.):

Beneficiary Name	Item/Service	Purchase Date	Payee's Documentation

55. Did the payee charge a fee prior to being authorized by SSA? Yes No

Part 11 - Remarks/Observations/Findings (for SSA reviewer use)

Recommend 3 mo f/u: Y/N

From RPMT: Issues to Review:

Were issues resolved? Yes No