

MEMBER EXPENDITURE FORM INSTRUCTIONS

INTRODUCTION: Advise the member or their legal representative that if any issues occur as a direct result of this expenditure transaction, the member must notify responsible parties at the agency or the Resource Consultant immediately. For allegations of member exploitation, the agency would report to Adult Protective Services, law enforcement (theft) and Medicaid fraud (incident reports if required).

PLAN OF CARE: Ensure that the worker makes purchases or payments that correlate with the Plan of Care activities, days of the week and frequencies documented on the Plan of Care. Example: Grocery shopping is on the Plan of Care twice per week. Worker makes purchases twice per week at the grocery.

DEMOGRAPHICS: Enter the member's first and last name. Enter the worker's first and last name. Enter the name of the provider agency or employer (Personal Options).

FINANCIAL PAYMENT: Member must circle the type of financial payment option used for this event.

FORM QUESTIONS:

1. Member or legal representative must enter where the worker is going for purchases or bill payment (Kroger's, Wal-Mart, CVS, Cable Company, etc.). If the agency uses a travel sheet or travel log for travel destinations, complete the agency form as well.
2. Member or legal representative must circle yes or no as to whether the receipts matched the purchases or payments after the financial event. Member or the worker may document discrepancies in the comment section.
3. Member or legal representative must circle yes or no as to whether they received the items purchased, their card or correct cash and receipts. Example: Member is looking for groceries (or other items), proof of bill payment, return of cards (credit, debit or food stamp) or cash change. Member or the worker may document discrepancies in the comment section.
4. Member or legal representative must circle yes or no as to whether the bag from the drug store has been tampered after sealed by the pharmacy. Example: Bag's staple has been removed, bag is open, tape removed from the bag or evidence of re-stapling. If the member is able, you may ask the member to do a pill count. This is best practice but is up to the RN to determine if the member is able to do a pill count (not every member will be able to do this). Member or the worker may document discrepancies in the comment section.
5. Member or legal representative must circle yes or no as to whether receipts are attached to the form. Best practice is for receipts to be attached. Member or the worker may document discrepancies in the comment section.

SIGNATURES: Both the member and the worker must sign and date the form on the date the purchase or payment occurred (or member's legal representative).

COMPLETED FORM(S): Return the completed form(s) with attachments (receipts) to the provider agency or maintain in the Participant Binder (Personal Options).