

## **Provision of Protective Payee Status**

A guideline developed for the  
Behavioral Health Recovery Management project

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## **What is Representative Payeeship?**

Representative Payeeship (RP) is a form of money management designed for individuals who, because of physical or mental disability, are unable to manage their benefit checks in a way that ensures that their basic living needs are met. Both the Social Service Administration (SSA) and the Veterans Administration (VA) reserve the right to appoint representative payees to their beneficiaries regardless of the legal competence of the individuals in question. Once assigned, a representative payee receives his or her client's disability checks directly, and is responsible for ensuring that basic needs, such as rent, utilities, food and clothing, are paid for before allowing the client to spend money on other items. Although assigning a client to RP is an administrative decision made by SSA or the VA, the process of assigning is generally initiated by a client's case manager or therapist, and is based on clinical judgment.

Individuals assigned to RP can appeal the decision to an administrative judge. Both the process of assigning an RP, and appealing of that decision are accomplished through a process that is less stringent than that pertaining to competency. The majority of mentally ill individuals with payees are mandated to have them, however RP services are also available on a voluntary basis.

As of 1997, approximately 1.2 million people in the United States were receiving SSI or SSDI benefits for mental disorders. Of these, nearly half had an appointed representative payee.

## **Why Use Representative Payeeship?**

Representative payeeship can be helpful for individuals who, because of disability, are unable meet their basic living needs. In the case of mental illness, RP provision can improve community tenure by ensuring that rent is paid consistently and on time. It can also ensure that clients have enough money to provide food for themselves from one check to the next, and can help clients learn to budget their money so they can save for personal items and larger purchases.

But representative payees—especially agency-based programs—are in a position to provide more for their clients than assistance in meeting basic living needs. Some effective programs bundle RP provision with other services, such as skills training in the areas of budgeting, bill paying, shopping, and working with banks. RP programs can also provide advocacy by assisting clients to secure entitlements and by helping to negotiate with debtors, landlords and other financial institutions. The benefits of RP beyond meeting basic living needs may include:

- \* Reduced inpatient and emergency hospitalization.
- \* Increased treatment compliance.
- \* Improved quality of life.
- \* Reduced victimization related to money.
- \* Increased use of community services.
- \* Decreased substance abuse.
- \* Reduced symptomatology.
- \* Reduced physical health symptomatology.

Despite these benefits, RP is a restrictive service, and is usually provided without the consent of the client. For this reason, the choice to recommend a client for RP should not be made lightly. RP assignment gives the payee leverage with respect to the client, which can be used in an array of ways. Some payees interpret their role conservatively, and use this leverage simply to deter gross mismanagement of their clients' benefit payments. Other payees use this leverage towards additional ends, such as improving their client's treatment compliance, decreasing substance abuse, or achieving other behavioral goals. In some cases, this leverage is abused by payees, as when funds are used for purchases other than those benefiting the client.

There is no consensus as to the point at which well-intentioned contingency management becomes abuse of power. By actually or implicitly linking a client's behavior to his or her receipt of discretionary funds a payee may benefit the client, but also risks departing from the intended function of RP and may jeopardize the therapeutic relationship. A good payee retains a balance between professional beneficence and respect for the client's autonomy.

Case managers acting as payees should be aware that clients' satisfaction with RP services is often quite low initially, but tends to improve over time.

### **Research on Representative Payeeship**

The limited research on the effectiveness of RP has looked mostly at its role in helping individuals to retain housing. In a study of 1348 homeless mentally ill individuals, researchers found that clients provided with RP averaged 15 days of homelessness after 60 days while **participants without RP** averaged 20 days homeless over the same period. This study did not distinguish between agency-based and non agency-based RP services. (Rosenheck, Lam & Randolph, 1997) A 98 subject study of agency-based RP services for the homeless mentally ill in Los Angeles found that after one year 77% of clients reported no days of homelessness, and 82% of participants were living within their financial means (Stoner, 1989).

The Pathways to Housing Program uses a harm reduction model in providing supported housing to dually diagnosed individuals in New York. Pathways emphasizes client choice in housing assignments, and has only two requirements: participation in a representative payee program with money management counseling, and a minimum of bimonthly meetings with staff from an ACT team (Tsemberis & Eisenberg, 2000). Over a 5 year period, the 242 individuals in Pathways achieved an 88% housing retention rate, vs. a 47% rate for 1600 participants in traditional residential treatment programs in New York City. These findings have recently been replicated in a randomized, controlled study (Tsemberis et al., 2000).

In a recent multi-site study, interventions that guaranteed access to housing were found to increase residential stability (**Policy Research Associates 2000**). Representative payeeship appears to be one way in which mental health providers can ensure that mentally ill individuals find and maintain residences. However, when the goal is prevention of homelessness among those at risk of residential instability, other ways of

guaranteeing access to housing may be as effective as RP (**Policy Research Associates, 2000**). Other mechanisms may include direct provision of apartments or room and board housing without ensuring that patient funds are available to pay rent.

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## Who needs Representative Payeeship?

SSA will appoint a beneficiary to RP if they “determine that the beneficiary is not able to manage or direct the management of benefit payments in his or her interest.” In making this decision, SSA considers:

- 1) Medical evidence;
- 2) The beneficiary's living situation (such as whether he/she lives alone, if anyone helps him/her manage funds);
- 3) How the beneficiary is handling money now; and
- 4) What his/her needs are and how they are being met (whether they can obtain their own food, clothing and shelter or if they are dependent on others to supply those needs).

**Beyond these general guidelines, no more specific criteria** exist for clinicians to determine a client’s need for RP services or for selecting the most appropriate RP for a given client. Many clinicians involved in RP service provision have indicated that their agencies’ criteria are only moderately well described, and that there is a need for more clearly articulated guidelines (Ries & Dyck, 1997).

SSA stresses the importance of case-based clinical judgment in assigning clients to RP, and of focusing on functional impairment over diagnosis in making this decision. Although guidelines are useful in informing clinical decisions, it seems clear that appointment of a client to RP must ultimately hinge on clinical judgment.

Client characteristics that studies have found to be associated with RP assignment include: dual diagnosis, diagnosis of serious mental illness such as schizophrenia, a history of victimization, recent long term hospitalization, a history of frequent hospitalization, lack of financial support from families, and homelessness. While these characteristics help describe many individuals who have been assigned representative payees, they should not be considered criteria for RP assignment in and of themselves.

## Tools to Help Determine the Need for RP

The **following** Representative Payee Screening Guide can help clinicians identify clients who may be appropriate candidates for RP. It scores clients on characteristics that have been found to be associated with the need for RP appointment.

## REPRESENTATIVE PAYEE SCREENING GUIDE

### **I. COMMON PROBLEMS AMONG PERSONS NEEDING A REPRESENTATIVE PAYEE.**

**Please circle the number indicating the seriousness of the problem.**

#### **1. DIFFICULTY MANAGING MONEY**

##### **A) Lack of Financial Skills**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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##### **B) No Money for Rent**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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##### **C) No Money for Other Basic Needs (food, clothing)**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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##### **D) Impulsive Spending**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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#### **2. SUBSTANCE ABUSE OR DEPENDENCE**

##### **A) Abuse or Dependence on Drugs or Alcohol**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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**B) Use of SSI or SSDI Funds to Buy Drugs or Alcohol**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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**3. HOMELESSNESS**

**A) History of Homelessness within the Past Year**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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**4. INSTITUTIONAL CARE**

**A) Long-term Hospitalization (90 days or more)**

No	Yes
1	2

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**B) Frequent Hospitalization (3 or more in past year, or 5 in last two years)**

No	Yes
1	2

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**C) Pattern of Hospitalization After Receipt of SSI Check**

No	Yes
1	2

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**5. DANGEROUSNESS**

**A) Client is Dangerous to Others in Residence (for example, history of arson)**

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

## 6. NEEDS INCENTIVE

### A) Need to Motivate to Participate in Treatment (take meds, keep appts.)

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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## 7. VICTIMIZATION BY OTHERS

### A) Other People Pressure Client to Share SSI Funds (drug dealers, acquaintances)

Not at all	Slight	Somewhat Serious	Very Serious
1	2	3	4

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A score of two on indicators concerning institutional care, OR a score of three or more on any other indicator suggests that the client should be considered for referral to a representative payee. It may also be necessary to assist the client in acquiring entitlements. The following section concerns client resources and is included primarily to identify areas in which resources may be needed.

## II. CLIENT RESOURCE NEEDS

### 1. SSI or SSDI

No Need	Need, Doesn't Have	Already Receives Benefit
1	2	3

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### 2. Medicaid

No Need	Need, Doesn't Have	Already Receives Benefit
1	2	3

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### 3. Food Stamps

No Need	Need, Doesn't Have	Already Receives Benefit
1	2	3

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## **Who is appointed as a Representative Payee?**

If SSA determines that RP services are needed for a client, an effort is made to identify a willing and able candidate to act as representative payee. Ideally, this person would be a family member of the client, or a friend who has demonstrated an interest in the client's well being and understands his or her particular needs. If the client is living with a person who is responsible and supportive, SSA generally selects that person as payee. If an appropriate individual cannot be identified, SSA will select a qualified organization (or individual within an organization) to act as RP. In most cases, the client's clinician plays a major role in identifying the most appropriate payee. Most often, future payees are identified because they contact SSA requesting payee services for the client in question. As will be discussed below, clients are free to request specific individuals as their payees, and are also entitled to protest SSA's selection of their payees.

## **Responsibilities of the Representative Payee**

The primary responsibility of the representative payee is to use benefit disbursements for the beneficiary's current and foreseeable basic living needs. If these needs are currently being met, the representative payee should oversee the saving or investing of available funds.

Dental and medical care that is not provided by a client's insurer or residential institution can be paid through a payee. Additionally, beneficiaries receiving federal, state or private institutional care that is not paid for by Medicaid may have funds paid toward institutional charges and charges for additional items or services that will aid in the beneficiary's recovery.

SSA requires the allocation of at least \$30 per month for personal, discretionary spending for beneficiaries in institutional care.

Beneficiaries who are in debt at the time they begin receiving RP services may have their creditors paid provided their present and foreseeable living needs are met. If the agency providing RP is itself owed money by the beneficiary, it must get approval from SSA before reimbursing itself with the beneficiary's funds.

Representative Payees, whether organizations or individuals, must keep close records of the receipt and expenditure of their clients' disability benefits. SSA requires annual accounting information on each beneficiary's disbursements, including the proportion of funds spent on food, housing and personal items, how much money was saved, and in what sort of account it was saved. Form SSA-623 is an example of such an accounting report.

Additionally, SSA must be kept abreast of changes in clients' financial, legal and vocational status, and living situation. Specifically, SSA must be informed if a beneficiary: 1) gets a job or stops working; 2) moves; 3) gets married; 4) gets money from another source; 5) takes a trip outside the United States; 6) goes to jail or prison; 7)

is admitted to a hospital; 8) saves any money; 9) applies for help from a welfare department or other government agency; and 10) is no longer disabled, if his or her benefits are based on a disability. Failure to report such changes may result in overpayment, underpayment, or termination of payment. (See section, “Cautions to Representative Payees.”)

Because such changes may affect a client’s eligibility for benefits and/or for RP services, they must be taken into account by payees when making decisions regarding client funds. For example, an income change in one month usually changes a beneficiary’s SSI payment two months later. Thus, the payee must consider the possibility of an increase or decrease in future monthly SSI payments when paying current expenses or giving money to the beneficiary.

Payees are also responsible for reporting benefit information to social service agencies and medical facilities that serve their clients. The specific information needed by these agencies will vary. Payees should therefore remain abreast of their clients’ contact with such agencies, and the concomitant informational needs.

Benefit payments must be returned to SSA by the payee if a client is not entitled to the monies, or if the payee stops serving as RP for the client.

Non-governmental, fee-for-service organizations that provide representative payee services must be either licensed or bonded. This must be demonstrated to SSA annually.

## **The RP Process**

### ***Assignment of a Representative Payee***

**Step 1: Determination of Need.** A client’s therapist or case manager, using clinical judgment, and informed by agency guidelines, SSA guidelines and those presented here, determines that RP services are needed.

**Step 2: Discussion of RP with Client.** Mandated RP is a restrictive treatment **option, but is necessary for some clients.** Ideally, a client in need of RP services will voluntarily enroll in the program. For this reason, the case manager (and/or appropriate people in the client’s support network) should discuss the advantages of RP services with the client before making a formal request (with form, SSA-11-BK) to SSA to have an RP assigned for the client..

Advantages that should be discussed include:

- \* Stability of income, and concomitant assurance that rent, food, and other necessary expenses will be paid regularly.
- \* Improved credit.
- \* Improved money management skills and self-confidence.
- \* Providing savings for larger, special purchases.
- \* Assistance with payers and debtors to ensure that client’s financial entitlements do not lapse, and that money is spent appropriately.
- \* Possible decrease in symptomatology and involuntary hospitalization.

- \* Increased chance of achieving future life goals, such as sustained independent living.
- \* Avoidance of mandated RP services.

If possible, the client should be introduced to other clients receiving RP services in order to ask questions and determine whether he or she would like to join the program voluntarily. The client's friends, family and other treatment providers should be enlisted to discuss the advantages and disadvantages of RP with the client.

For those clients in need of payee service who agree to have a payee appointed on their behalf, it is advisable to develop a contract between the beneficiary and the organization or individual acting as his or her payee. **Attached (C:/Sample Contract)** is an example of such a contract. This contract formalizes the agreement, underscores the mutual responsibilities entailed therein, and can be cited by client or payee should future disagreements about money management arise.

For those clients in need of payee services who do not agree to have a payee assigned, several avenues are possible. The first, which is preferable, is to discuss the option with the client again at a later date—ideally when he or she is suffering the consequences of poor money management. Although having a payee may not seem attractive to a client who has just received a benefit check, it may seem attractive to a client who has prematurely spent all his or her money for the month and is at risk of decompensation. Continued discussion is also the least coercive means by which to enroll a client in payee services. If this strategy fails, it becomes necessary to establish a payee without the client's consent.

### **Step 3: Contacting SSA.**

This section reviews the steps necessary to initiate RP services for SSA beneficiaries.

Form **SSA-11-BK**, "Request to be Selected as Payee," must be completed by an individual or organization requesting to become the payee for an SSA beneficiary. This form can be obtained through your local SSA office. This form is generally completed in a face to face interview with an SSA official, especially when the applicant has not previously acted as a representative payee. Included with this form are guidelines for payees and rules pertaining to the SSDI and SSI programs.

Form SSA-4164, "Advance Notification of Representative Payment," is an optional form that reduces the amount of time necessary for a transfer of payee status. Because of the time saved by using this form, it is recommended to submit this form along with SSA-11-BK in every case. Details regarding the use of SSA-4164 are included with Form SSA-11-BK.

Form **SSA-787**, Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits, establishes the medical necessity for a client to receive RP services. This form is not necessary in cases in which a client voluntarily consents to be assigned an RP. However, because medical need must be determined, if this form is not submitted, then SSA must make the determination, which would add time to the process. Form SSA-787 is necessary for clients who do not voluntarily consent to receive RP services.

It generally takes one or two months for SSA to process the paperwork and begin sending checks to the client's representative payee.

The process outlined above can also be followed to switch a client's RP if it is determined that his or her current RP is inappropriate. Referral documentation should be retained, and made available to SSA.

Clients wishing to appeal a decision by SSA to assign a payee must write a letter to SSA expressing their position within 60 days of receiving notification of payee assignment. This letter may be written if the client disagrees with SSA's decision to assign an RP, or if the client disagrees with SSA's choice of payee. If a client would like a different payee, the client should have the new individual file an application at a Social Security office.

**Step 4: *Creating and maintaining a budget.*** A client's budget should be developed collaboratively by the client and the RP. It should reflect the plan to meet a client's basic needs and to responsibly prioritize other expenditures. This document should also be used to track monthly income, payments, and allocation of funds. The budget should be maintained by the RP (or a financial manager within an RP agency), and should be available for client review. Monthly statements from payees are a good way to ease clients' concern about the expenditure of their funds, to keep payees organized, and to ensure that the payee and client are in agreement as to the latter's current financial status. Such reports can also act as an educational tool for clients to compare budgets to actual expenditures.

It is essential that the contract between client and RP, discussed in Step 3, above, include information as to how funds will be accessed, through whom, and with what frequency. Special request forms are often used for situations in which the client has a special request for funds exceeding those normally available for discretionary spending.

**Step 5: *Follow-Up.*** Ongoing assessment of each client's progress with respect to RP is necessary. A Data Assessment Plan (DAP) or record enables the RP and Case Manager to update client progress and communicate changes in RP arrangements. SSA is in the process of developing an accounting form for organizational payees.

SSA is kept abreast of client expenditures, changes in benefit status and other developments through form **SSA-623**, "the Representative Payee Report," and form **SSA-6233-BK**, the "Representative Payee Report of Benefits and Dedicated Account." These reports are completed regularly by the payee, and must accurately reflect all expenditures of benefit funds. The timeline for completing these forms is determined by one's local SSA office.

### ***Reduction and Cessation of RP Services***

**Clients should be aided to gradually resume more responsibility in managing their money.** When appropriate, this process may include the following steps:

**Step 1:** *Decrease the frequency and increase the amount of cash allowances to clients.* As clients become more comfortable with their budgets and improve their spending skills, allowances gradually can be given less frequently: first three times a week, instead of daily, then weekly, then finally monthly.

**Step 2:** *Client begins to pay own rent.* Once clients demonstrate the ability to consistently handle discretionary funds responsibly, payees can turn over rent checks to clients to pay directly to landlords.

**Step 3:** *Client becomes his or her own payee.* Eventually, clients may become capable of managing their own funds again, ceasing to use an SSA mandated representative payee.

### **Caution to Representative Payees**

#### ***Retroactive Payments***

Clients receiving SSI cannot have more than \$2,000 in cash and property (other than home and car). In cases when large back payments are made to payees, expenditures must be made such that the client's total resources are below \$2,000 within six months. Failure to do this may result in termination of SSI payments.

### **Reimbursement for Representative Payees**

SSA reimburses payees for reasonable out of pocket expenses, provided records and receipts are retained and submitted to SSA. Examples of reimbursable expenses include mileage for taking a client to a doctor's appointment, or payment for a client's taxi in an urgent care situation. If an individual or an agency is collecting a fee for providing RP services, however, no overhead expenses are reimbursable. Rent, office equipment, photocopying, and related expenses are considered to be covered in the base fee.

### **Creating Custodial Accounts**

SSA recommends establishing interest bearing checking or savings accounts for conserved funds, and to arrange for funds to be directly deposited into clients' accounts. The title of a client's account should reflect both the client's ownership of the funds, and the RP's relationship as fund manager. Thus, an acceptable account name might be: "Midtown Mental Health, representative payee for John Q. Client." The client should never have direct access to the account.

In cases where one individual or agency acts as RP for multiple clients, SSA allows the RP to combine funds for multiple beneficiaries within a single account, provided the agency's in-house accounting process tracks the assets of each client separately and provides for the distribution of interest across the various accounts. This practice is not recommended, however, because of the risk that an inadvertent overdraw of one client's funds may deplete another client's funds.

In choosing an appropriate bank for custodial accounts, nothing is more important than location. Because frequent trips to the bank are required of representative payees, proximity to the payee's home, office or agency is crucial. Other characteristics to consider in selecting an appropriate bank are interest rates, minimum balance requirements, and other charges. For agencies that combine assets of multiple clients within one account, it may not be desirable to use interest bearing accounts because of the difficulty of calculating the interest on each client's money.

For agency-based payee services, a corporate resolution must be established between bank and agency.

## **Agency-Based Representative Payee Services**

### ***Establishing an Agency-Based RP Service***

Agencies interested in initiating a representative payee service must obtain form SSA-11-BK, "Request To Be Selected As Payee," from their local SSA office, and complete the form in the context of a face-to-face interview. In this interview, an SSA representative will assess the applying organization's qualifications and ability to meet the responsibilities of an RP. The representative will also explain the duties of an RP, including reporting responsibilities and associated liabilities.

### ***Tips for Agencies Establishing an RP Service***

Establishing an agency-based payee service usually requires adding accounting responsibilities to the duties of clinical staff. It is therefore important for agencies providing payee services to have simple, straightforward procedures. This diminishes staff's distraction from their primary clinical duties, and minimizes error. The burden of additional staff responsibilities can also be diminished by establishing an on-site bank (discussed below) or by designating certain staff members to specialize in that function, rather than spreading it across multiple case managers/clinicians. Work duties can be redistributed to allow designated staff to develop RP accounting skills without their feeling unduly burdened by their new role. Designating accounting specialists can also minimize the negative impact on clinical relationships in cases where a client wants access to more funds.

Several basic principles should be followed in establishing custodial accounts. First, client monies should be kept in accounts separate from one another and from the agency's money. Second, objective evidence (i.e. receipts, account statements, cancelled checks, etc.) should be systematically maintained to document the status of each client's account. Third, consistency should be maintained throughout the agency in the method of documentation used. If computer software is used, all staff should be trained to use it in the same manner. This form of standardization simplifies oversight and enables staff to assist one another when problems arise. And fourth, full disclosure should be practiced in the sense of retaining detailed records of accounting methods used, and any changes that have been made to these methods or to the agency-based payee service.

### ***Record Keeping***

It has become increasingly efficient to use computer-based record-keeping in place of written records. Using accounting software generally facilitates training of new staff by bundling training information into the software package. It also facilitates information sharing, decreases the time necessary to maintain records, ensures consistency in reporting, and helps guard against information loss. Two reasonably priced accounting software packages are “Quicken Books” and “DAC Easy,” though agencies should spend time comparing the available software and select the one that meets their needs best.

### **Agency-Based RP with On-Site Bank**

It is crucial for agencies providing RP services to have clear, efficient records of how benefit payments are managed. One successful RP model has separated therapeutic duties from payee duties by establishing an on-site bank and hiring staff that specialize in financial management and documentation.

Advantages to this model include:

- (1) It provides increased opportunity for clients to learn money-management skills.
- (2) It bolsters clinical expertise with financial expertise, employing trained banking staff and using specialized accounting software to update client accounts daily.
- (3) It enables therapists and case managers to retain therapeutic relationships with their clients, while decreasing the amount of time they must spend on administrative work.
- (4) It ensures the security of client funds by locating them in a single, secure location.

In one on-site banking model, clients must provide the bank with receipts accounting for 80% of their discretionary money. Failure to provide receipts decreases the discretionary funds available for the client out of his or her next check.

SSA allows agencies providing RP services to charge a fee of 10% (not to exceed \$29) of a mentally ill beneficiary’s monthly check to pay for services. Some agencies do not assess fees for RP, some use a sliding scale, and some assess the full allowable amount.

A disadvantage of the on-site bank model of RP provision is its cost. One existing program that provides RP as well as related services (such as banking, money management training, advocacy, and housing assistance) employs 7.5 FTE of staff at a cost of \$156,000 per year. The total cost for this RP program, which serves 464 clients, is \$206,645 per year.

## **Representative Payeeship and Substance Abuse**

While individuals cannot receive SSI, SSDI, or VA benefits solely for a substance use disability, many mentally ill individuals with comorbid substance use disorders do receive public support payments and are in RP. Representative Payeeship has not been shown to be effective in reducing substance abuse, although it may improve a client's compliance with treatment. For this and other reasons, many clinicians consider their clients' substance use in making RP determinations.

No reliable guidelines have been established for the use of RP among individuals with substance use disorders (with or without mental illnesses). However, in 1999, Rosen and Rosenheck proposed the following criteria for the appointment of RPs to clients with comorbid substance use disorders:

Within the last 12 months...

- 1) Client has demonstrated a maladaptive pattern of substance abuse;
- 2) Mismanagement of funds due to substance use has caused substantial harm to the client, unavailability of sufficient funds to meet basic needs, or victimization of the client; and,
- 3) Availability of a representative payee whose efforts would increase the likelihood that the beneficiary's mismanagement of funds will be curtailed.

Criterion (1) deviates from SSA's emphasis on providing RP's specifically to those individuals whose basic needs would not otherwise be met. To ensure compliance with SSA standards, clinicians should avoid recommending RP services for clients whose disability they believe to be primarily related to substance use without a co-occurring mental or physical disorder.

## **Resources**

SSA can be contacted toll-free at 1-800-772-1213, between 7a.m. and 7 p.m. EST on business days. For those who are deaf or hard of hearing, the SSA TTY number is 1-800-325-0778. Additional assistance is available through your local Social Security office between 9 a.m. and 4 p.m. on business days. Information and documentation is also available through the Representative Payee portion of SSA's internet site: <http://www.ssa.gov/payee>.

## **Publications available through SSA**

What You Should Know When A Representative Payee Manages Your Money  
SSA Publication No. 05-10097

ICN 468634

Social Security: A Guide for Representative Payees  
SSA Publication No. 05-10076  
ICN 468025

Understanding Supplemental Security Income  
SSA Publication No. 17-008  
ICN 443175

Social Security: What You Need to Know When You Get Retirement or Survivors  
Benefits  
SSA Publication No. 05-10077  
ICN 468300

Social Security: What You Need To Know When You Get Disability Benefits  
SSA Publication No. 05-10153  
ICN 480165

Social Security: What You Need To Know When You Get SSI  
SSA Publication No. 05-11011  
ICN 480265

A Guide to SSI for Groups and Organizations  
SSA Publication No. 05-11015  
ICN 455360

To order any of these publications, call SSA at 1-800-772-1213 or visit  
<http://www.ssa.gov>

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