

CBC Personal Incidental Fund (PIF) Management C410

Facility Name: _____ Provider #: _____

Surveyor Name: _____ Date & time _____

Sample 4 Residents receiving Medicaid whose PIF are managed by the facility – Expand as needed to verify compliance

- 1 - Resident authorized facility to manage funds
- 2 - Resident Account (SDS 713) or comparable form used
 - A. Detail with supporting documentation, all monies received,
 - B. Disposition of funds with description, price of items purchased & receipts
 - C. Copy of individual financial record provided to resident quarterly
- 3 - Funds over \$150 maintained in interest-bearing account with appropriate interest credited to each resident's account; not co-mingled with facility funds
- 4 – Resident access to funds, at a minimum within 1 day of request excluding weekends and holidays

Legend: Yes = meets rule No = doesn't meet rule, explain in comment section

Resident Name	1 Facility Authorized	2A&B Acct Details – Received/ disbursed	2C Resident provided quarterly record	3A Interest bearing acct; not co- mingled	4 Resident access	Comments
	Yes No	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	Yes No	

(If resident dies, monies are to be forwarded within 10 days to estate or to DHS, Estates Division.)
