

CLIENT FUNDS

THE LAW

Each patient shall... “Have the right to **use his or her money** as he or she **chooses**, except to the extent that authority over the money is held by another, including the parent of a minor, a court-appointed guardian of the patient's estate or a representative payee. If a treatment facility or **community mental health program** so approves, a patient or his or her guardian may authorize in writing the deposit of money in the patient's name with the facility or program. Any **earnings** attributable to the money accrue to the patient. The treatment facility or **community mental health program** shall maintain a separate accounting of the deposited money of each patient. The patient or his or her guardian shall receive, upon written request by the patient or guardian, a written monthly account of any financial transactions made by the treatment facility or community mental health program with respect to the patient's money. If a patient is discharged from a treatment facility or community mental health program, all of the patient's money, including any attributable accrued earnings, shall be returned to the patient. No treatment facility or **community mental health program** or employee of such facility or program may act as **representative payee** for a patient for social security, pension, annuity or trust fund payments or other direct payments or monetary assistance unless the patient or his or her guardian has given informed written consent to do so or unless a representative payee who is acceptable to the patient or his or her guardian and the payer cannot be identified. A **community mental health program** or treatment facility shall give money of the patient to him or her upon request, subject to any limitations imposed by guardianship or representative payeeship, except that an inpatient facility may, as part of its security procedures, limit the amount of currency that is held by a patient and may establish reasonable policies governing patient account transactions.”

§ 51.61(1)(v), Wis. Stats. [Emphasis added.]

“Except as otherwise provided under s. 51.61(1)(v), Stats., a patient shall be permitted to use the patient’s **own money as the patient wishes**. A service provider holding funds for a patient shall give the patient an accounting of those funds in accordance with s. 51.61(1)(v), Stats.”

DHS 94.25, Wis. Admin. Code [Emphasis added.]

[NOTE: Subsection 51.61(1)(v) was added to the Wisconsin Statutes in 1995. Prior to that time, patient funds were considered to be “possessions” under § 51.61(1)(q). As “possessions” personal funds could be limited in certain circumstances constituting "cause" under Sec. 51.61(2), Stats. (the client rights limitation or denial procedure). Subsection 51.61(1)(v) is not one of those rights to which the limitation or denial process applies. However, that law states in part, “an inpatient facility may, as part of its security procedures, limit the amount of currency that is held by a patient...”]

DECISIONS

1. A client was **denied CIP 1-B funding for an addition to her house**. The county followed all applicable laws and policies in denying the request, so the client's **rights were not violated**. However, the county and the department **worked together to find another way to pay for the remodeling project**. (Level III decision in Case No. 00-SGE-06 on 2/5/01.)
2. **Financial assistance for housing is not an issue covered by client rights** and such decisions **cannot be challenged in the grievance process** in DHS 94. (Level III decision in Case No. 01-SGE-02 on 6/6/01.)
3. An ex-patient complained that an inpatient treatment facility **overcharged him for some smoking materials**. **County funds paid for those materials**, rather than the patient. The issue was **thus between the county and the facility** and the issue was **not appropriate for the grievance process**. (Level III decision in Case No. 02-SGE-05 on 3/19/03.)
4. A patient's mother acted on the patient's behalf and grieved that the County violated her patient rights when she was discharged from the Treatment Alternative and Diversion program. The grievant raised a new complaint about billing on appeal to level III. **New issues that were not raised in the initial grievance must be presented to the provider's Client Rights Specialist and investigated at the provider level prior to Level III investigation**. (Level IV decision in Case No. 16-SGE-0006 on 10/23/2017)

[See: "Introduction to Digest-Date Last Updated" page]