



**HEALTH SERVICE
EXECUTIVE
NATIONAL FINANCIAL
REGULATION

FINANCIAL MANAGEMENT
IN
COMMUNITY RESIDENCES

NFR-14**

NFR-14 Financial Management in Community Residences

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14.1. Introduction

- 14.1.1. The Health Service Executive (HSE) provides a comprehensive range of community-based services which include Community Residences. Residents of these hostels live largely independent lifestyles, assisted by appropriate supports, with an objective of realising their maximum potential to integrate with the local community.
- 14.1.2. This regulation's intention is to complement and support existing effective systems and facilitate implementation of more robust risk management system within monetary management in these community-based residences.
- 14.1.3. This regulation forms part of the National Financial Regulations of the HSE. The National Financial Regulations are an integral part of the overall system of Corporate Governance and Internal Control within the organisation.

14.2. Purpose

- 14.2.1. The objective of this regulation is to set out policies and procedures governing the management of finances in HSE community residences that promote the client's independence as much as possible and yet safeguard not only his/her interests but also those of the HSE and its staff.
- 14.2.2. This policy objective will be achieved through:
- Clearly defined responsibilities,
 - A standardised and effective financial management system for all areas,
 - Support through clearly stated policy guidelines and procedures,
 - Officers who are involved in the financial management process being familiar with all aspects of the task, the resources available to achieve this objective and their respective responsibilities.

14.3. Scope

- 14.3.1. This regulation is issued for the guidance of persons directly or indirectly involved in financial management in community residences operated either by the HSE or by voluntary agencies working in conjunction with the HSE.
- 14.3.2. This regulation will apply to all community residences where money is managed either by or on behalf of residents or where money received from them is used to meet daily operating costs.
- 14.3.3. The regulation is intended to be complementary to the Acts referred to in paragraph 14.7.1, which should always be referred to for their precise terms.

14.4. Assistance / Further Information

- 14.4.1. Additional information regarding this regulation should be addressed to the Assistant National Director of Finance, Annual Financial Statements (AFS) & Governance.
- 14.4.2. Requests for derogations from specified directives should be made in writing to the above Assistant National Director of Finance, and may be implemented only after written authorisation is received from said directorate.

14.4.3. It is intended that this regulation will be regularly updated to reflect and incorporate new and additional legislative and other directives. Notifications will be issued on [HSE National Intranet - National Financial Regulations](#) and via email communications.

14.5. Effective Date

14.5.1. This regulation is effective immediately and supersedes all prior directives issued relating to financial management in community residences.

14.6. Definitions and Interpretations

14.6.1. HSE Group homes are categorised as follows

- *High support group home*
This is a residential home for persons who do not need to be in hospital and who can live in the community but who requires 24-hour nursing care and support for a variety of reasons. Some people may spend a period of time in a high support residence and then move on into a medium or low support residence.
- *Medium support group home*
This is a residential home for persons who are reasonably independent in most areas of their everyday living skills but who require some assistance or support in certain areas, i.e., managing finances or cooking skills. For this reason, the home is staffed, usually by day only, by either a nurse or a trained care staff.
- *Low support group home*
These residential units are for individuals who are independent in most if not all areas of their everyday living skills. The overall upkeep and management of the group home is co-ordinated by the Local Area Management Team as nominated by the LHO Manager. The residents may have a community nurse or supervisor who will check on them as required.

14.6.2. Class 1 refers to clients in receipt of in-patient services on premises where nursing care is provided on a 24 hour basis on those premises.

Class 2 refers to clients in receipt of in-patient services on premises where nursing care is not provided on a 24 hour basis on those premises.

14.6.3. Nursing care implies, care provided by a fully qualified and state registered nurse. It does not mean care provided by a nurse's aide, care assistant or house parent.

In relation to Class 1, nursing care means that there is a nurse physically present on those premises on a permanent basis, i.e. 24 hours basis, all day, every day. The nurse may only be a bell-ring away; nonetheless, they are on the premises.

In relation to Class 2, nursing care on these premises means that there is a nurse rostered for duty for less than 24 hours a day.

14.6.4. Socialisation/Care Plan Expenses relates to additional expenses incurred as a result of greater independence and integration into the community.

14.6.5. The Social Welfare (Consolidation) Act 1993 defined dependants as follows: 'Child dependant' means in relation to a beneficiary any child not being an adult dependant who is dependant on that beneficiary for support and who is under the age of 18 years or is over the age of 18 years and is regarded as attending a course of study' (up to the age of 22 years when pursuing a course of study)

For the purpose of these guidelines, the above interpretation may be used when deciding whether to reduce or waive a charge due to a person having a child dependant.

14.7. General Rules

14.7.1. This Financial Regulation accords with the provisions of

- Section 53(2) (a) of the Health Act 1970 as amended by the Health (Amendment) Act 2005.
- S.I. No. 521 of 2008 Health (Charges for In-Patient Services) Regulations¹. [Irish Statute Book](#)
- Health (Charges for In-Patient Services) (Amendment) Regulations 2006.

14.7.2. The Health (Amendment) Act 2005 allows the HSE to charge a person for long stay in-patient services. In-patient services are received in community homes for people with physical/intellectual disabilities. The charges apply to people who receive in-patient services from the HSE or an agency on behalf of the HSE. This includes people residing in community residences where nursing or medical care is provided.

14.7.3. The HSE has responsibility to ensure that

1. Income received and held by the HSE is identified, collected, receipted and banked properly and promptly and
2. Proper use of finances and resources in a manner which satisfies their requirements for accountability, internal control, and the management of financial risk. All income shall be collected from the correct person, within a reasonable time, using the correct procedures and the appropriate documentation.

14.7.4. Residences must instruct clients that where rental charges are due it is policy to pay these rents through direct debit (DD) arrangements with the clients and the HSE bank account. Residences may have a requirement, driven by therapeutic needs to deviate from this policy. Deviation from this requirement requires express written approval of the LHO Manager/Equivalent Grade or their nominees for specific departures.

14.7.5. Residences are not permitted to hold separate bank accounts. Where the residences operate income collection in the form of rents all cash handling and banking of monies shall comply with relevant procedures. All practices must ensure the safeguard of cash receipts and deposits against theft or loss.

¹ *This statutory instrument is subject to regular review and amendment. Refer to the indicated site link for access to current legislation.*

- 14.7.6.** Clients should be encouraged to hold separate bank accounts for the administration of their personal funds. Where HSE staff assistance is required to operate these accounts robust procedures should be in place to safeguard both the client and the HSE from undue exposure to avoidable risk.
- 14.7.7.** Residences may have a requirement to make purchases outside the Purchase to Pay processes. Such units will require approval by designated officers. All such purchases should be recorded through imprest or procurement card systems in full compliance with relevant procedures.
- 14.7.8.** The Residence/Unit Authorised Officer or Equivalent Grade shall report, at the requested intervals and in the prescribed manner, to the LHO Manager or officer designate regarding the level of resources proposed for utilisation in each financial period.
- 14.7.9.** Residences shall put in place local procedures to ensure that an audit trail exists to record the progress of each transaction and who dealt with its various stages from admission, through custody, banking and reconciliation to discharge/death. Appropriate segregation of duties in these tasks and access to client funds must be enforced and monitored.
- 14.7.10.** The effectiveness of the procedures for the management of residences finances requires a clear definition of responsibilities both in relation to an overall policy and also in its implementation. Management must devise a strategy to meet local needs while those responsible for the daily management of community residences shall implement it.
- 14.7.11.** Residences shall ensure that a recorded internal check system is in place and those books and records are reviewed on a regular basis to ensure that all monies and property are properly accounted for and the applicable regulations are complied with.
- 14.7.12.** The management of residence finances shall be subject to examination at regular intervals by management and also by Internal and External Auditors to ensure compliance with agreed policy and prevailing legislation.

14.8. Client Entitlements

- 14.8.1.** Once a person becomes a resident of a community residence he/she will be entitled to claim income from one of the following sources.
- Department of Social Community and Family Affairs
 - Health Service Executive
 - Occupational Pension
 - Wards of Court Office
- 14.8.2.** He/she should be encouraged to apply to have their entitlements processed by the relevant authority at the earliest opportunity. Assistance shall be given to clients in obtaining and completing the necessary documents.
- 14.8.3.** If a resident's entitlements do not change from those, which he/she enjoyed when in the parent hospital, then, arrangements shall be made to transfer these to him/her in the community residence in which he/she now resides.
- 14.8.4.** Records must be kept of each resident's entitlement financial or otherwise which should not only detail what these entitlements are but also highlight dates for

renewals or changes especially where benefits are not automatically increased/renewed.

14.9. Residents Individual Accounts

- 14.9.1. It is recommended that each person living in a community residence shall have an account in their own name with an approved financial institution such as a bank/building society/post office/credit union where appropriate.
- 14.9.2. In some circumstances it may be necessary for the client to provide a certificate of identity to facilitate the opening of a bank account. The Unit Authorised Officer/Equivalent Grade of officer designate shall provide assistance in the completion of this where required. For a copy of the Form refer to: [Criminal Justice Act, 1994, Appendix I: Resident Personal Customers: Certification of Identity Form](#)
- 14.9.3. This account shall be used for personal funds.
- 14.9.4. Where a person's entire income is lodged direct to his/her account disbursements shall be made for rent, housekeeping and personal daily living expenses.
- 14.9.5. All payments in respect of items for their personal use not covered by their daily living expenses shall be funded from resident's individual account.
- 14.9.6. Residents shall manage their own account with support and assistance being given to them as required.
- 14.9.7. In those circumstances where residents are unable to manage their own accounts even with support and assistance, arrangements will be put in place to have this done on their behalf.
- 14.9.8. With the co-operation of residents, regular analysis of their accounts shall be carried out to ensure that they are being properly managed.

14.10. Rent Charge and Calculation

- 14.10.1. The legislation provides for a different level of charge in respect of each Class² of client. Reference should be made to current rates/thresholds to be applied when determining charges as outlined in the Statute documents in paragraph 14.7.1 of this regulation.
- 14.10.2. Commencement of Charges
 - A person shall be charged where in-patient services have been provided to that person for a period of not less than 30 days or for periods aggregating not less than 30 days within the previous 12 months from the commencement of the regulations i.e. 14th June 2005. As a result, charges can only recommence from 14th July 2005.
 - When the client has been receiving in-patient services for more than 30 days continuously, the charge may be imposed. However if the client has not been in receipt of in-patient services for more than 30 days

² Refer to paragraph 14.6 for Definitions and explanations.

continuously, a check should be carried out to establish whether the client has received in-patient services for an aggregate of 30 days in the previous 12 months. If so, a charge can be raised. Where a client has left in-patient care for a period of more than 12 months, then no charge can be imposed for the first 30 days of the next period of in-patient care.

14.10.3. Exemptions

A charge is not payable where in-patient services concerned are provided to:

- A person under 18 years of age.
- A woman in respect of motherhood.
- A person detained involuntarily under the Mental Treatment Health Acts, 1945 and the Mental Health Acts, 2001.
- A person who in the opinion of the HSE has contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin Anti-D or the receipt within the State of another blood product or a blood transfusion.
- Any person receiving services for the diagnosis and treatment of infectious diseases as prescribed under Part IV of the Health Act 1947 are excluded from charges under Health (Charges for In-Patient Services) Regulations 2005.

14.10.4. Reduction or Waivering of a Charge

- The HSE may reduce or waive a charge imposed on a person if it is of the opinion that, having regard to the financial circumstances of that person, it is necessary to do so in order to avoid undue financial hardship in relation to that person.
- A person or their representative may make a written request to the Unit Authorised Officer or Equivalent Grade or officer designates, to reduce or waive the charge for maintenance on financial hardship grounds. Financial Hardship needs to be demonstrated to the satisfaction of the Unit Authorised Officer or Equivalent Grade that the money remaining with the person having taken the charge into account is insufficient to meet their reasonable needs.
- A formal written proposal by the Unit Authorised Officer and sanctioned by the LHO Manager/Equivalent Grade or officer designate is required prior to commencement of the reduction/waiver of a charge.

Calculation of Charges

14.10.5. All new clients who commenced receiving in-patient services from 14th July 2005 should be financially assessed in order to establish their ability to pay maintenance charges. In this regard an Assessment Form (Appendix A) should be completed and submitted to the Unit's Authorised Officer for the determination of the relevant charge to be raised. The client or next of kin where appropriate should be advised of the charge determined for in-patient services.

14.10.6. All clients that were receiving in-patient services as at 14th July 2005 should be identified and their ability to pay charges should be reviewed immediately. Where there is sufficient information on file at anytime from 2004 to carry out this review, clients may not be requested to complete the Assessment Form. In such cases the HSE may arrange same. In cases, where it is established that the client's sole source of income is a Department of Social and Family Affairs (DSFA) payment, the current rate of this payment may be used to carry out an

assessment regardless of whether the information on file predates 2004. However, where the client has a separate source of income and same needs to be verified, an assessment form should be completed by the client or their next of kin for a decision on the relevant charge. Assessment Forms should be filed on each client's file. The client or next of kin where appropriate should be advised of the revised charge for in-patient services.

- 14.10.7.** If a person is an in-patient for five out of seven days then the charge should be made pro-rata. The Unit Authorised Officer or Equivalent Grade or officer designate should calculate the weekly charge as usual and then charge the proportional amount.

Determination of Charge

- 14.10.8.** The following criteria may be used to establish the client's charge:

- Calculate total weekly income of the client
less
- State Pension (Non Contributory) [SP (NC)] rate (to allow for spouse at home, where applicable)
less
- Minimum allowance per week
less
- Socialisation/Care Plan Expenses
less
- Allowable expenses (See below).

- 14.10.9.** Where the amount calculated is greater than the maximum allowable weekly charge the charge will be the maximum rate as set out in current legislation.

- 14.10.10.** Where the amount calculated is less than the maximum allowable charge payable as set out in current legislation, the charge will be the amount calculated.

- 14.10.11.** The charge calculated includes any 'Contribution to Weekly Running Costs' of the hostel (e.g. the 'kitty' system). The 'Contribution to Weekly Running Costs' would normally include such outgoings such as food, heat, light, refuse charges etc. In some cases, this contribution may have been paid through a 'kitty' system or directly to service provider.

- 14.10.12.** The charge is now set at a maximum allowable rate for Class 1 and Class 2 institutions as set out in current legislation.

Classification of Total Weekly Income

- 14.10.13.** Total Weekly Income includes income such as DSFA Payments, Occupational Pension, Overseas Pension, Salary, Income from Property and Rent and Income from Savings and Investments.

- 14.10.14.** For a married couple, only income which can be attributed to the client can be assessed.

- 14.10.15.** Earnings from employment of a rehabilitative nature, up to the agreed maximum current rate per week should be disregarded for the purpose of assessment for in-patient charges.

- 14.10.16.** Any monies received by way of Training Allowance from an Organisation while undergoing a course of rehabilitation training should be disregarded for the purpose of assessment for charges for in-patient services.
- 14.10.17.** Non-income producing assets cannot be taken into consideration in determining whether a charge can be levied. However, if assets are actually generating income then they can be taken into consideration – such as house rental etc. For example in relation to savings, it is only the actual interest on these savings that can be taken into account when determining a charge.
- 14.10.18.** For married/cohabiting couples—only income generated from savings/investments which are in the client’s name can be assessed.
- 14.10.19.** In the case of a joint savings/investment account with spouse/other parties – half (or relevant proportion if more than two parties) of the total interest generated on these savings can be assessed.
- 14.10.20.** Where all of the savings/investments are in the spouse’s name solely – the interest generated on these savings/investments should not be included in the assessment for charges for in-patient services. If the client is a ward of court, the appreciated value on the roll over fund from investments by the Courts Service on behalf of the Ward should not be taken into account when determining a charge for in-patient services. If the Ward of Court is in receipt of other income such as a pension, rental income etc., a charge can be raised on this income.

Allowable Expenses

- 14.10.21.** Charges may be reduced or waived in order to avoid undue financial hardship having regard to the client’s financial circumstances. The following expenses may be allowable when calculating the appropriate charge:
1. Dependant child
 2. Life Assurance
 3. Medical Insurance
 4. Medical Costs (including prescription costs)
 5. Rent/Mortgage Allowances
 6. Loans/Repayments
 7. Maintenance Payments
 8. Travel Costs
 9. Rehabilitative Employment Allowance
 10. Other Outgoings
- 14.10.22.** *Dependant Child:* For the purposes of assessment, the charge may be waived if the person, who has been assessed for a charge, has a child dependant. When completing the Assessment Form in a case where there is one child dependant, a personal allowance equivalent to the current adult dependant rate as set by the DSFA (The Department of Social and Family Affairs) current rates may be deducted. For each additional child dependant, a further allowance equivalent to the current adult dependant rate may be allowed when completing the financial assessment.

Please note that where the spouse is aged less than 66 years, it is possible that the spouse will qualify for a SP (NC) pension when he/she reaches 66 years. The financial assessment may be reviewed at this stage. If a waiver is made on the basis of a child dependant, a review should be carried out as necessary.

14.10.23. Life Assurance: Where the client has a life insurance policy, then an allowance may be made for the cost of this policy, provided the sum assured represents an appropriate level of cover to fund the cost of funeral expenses.

Where the sum assured is for a figure which is in excess of the reasonable cost of funeral expenses, the premium payable may be apportioned to cover the allowable expenses. The allowance under this heading is provided only for the client. No allowance may be provided for other members of the family. Documentary evidence of the premium should be submitted by the person or their representative.

14.10.24. Medical Insurance: Where a person has a current medical insurance policy, allowance may be made for a reduction of the charge where necessary to facilitate the continued payment of premium. Documentary evidence of the premium should be submitted by the person or their representative.

14.10.25. Medical Costs (including prescription costs): An allowance may be made for exceptional medical costs incurred by the client and/or their dependant spouse or children. In cases where the client has full eligibility, allowable expenses may only include public medical costs which are not covered by the medical card scheme. Exceptional medical costs may be allowable to clients who do not have full eligibility, where such costs are incurred as part of treatment provided under the public health system or where costs are being incurred under the drugs payment scheme. Documentary evidence should be sought to support the application.

14.10.26. Rent/Mortgage: The cost of rent/mortgage of the client's home is an allowable expense in order to provide for and facilitate the security of tenure on his/her home. However, it is not allowable in cases where there is a person residing in the client's home who is not a dependant of the client. Documentary evidence should be sought to support the application. Allowance should be made for any outgoings on rent payable by the client.

14.10.27. Loans/Repayments: Allowance may be made to reduce the charge imposed where the person has bank/credit union loans/debts which need to be repaid. If savings/assets exist which could be used to reduce or repay the debt, this option should be exercised before any allowance is made. Part allowance may be made where a loan in the name of the partner/spouse was taken out for the benefit of both parties. Documentary evidence should be sought to support the application.

14.10.28. Maintenance Payments: Where a court order exists for maintenance payments to a spouse, this may be taken into account when calculating the charge due to ensure undue hardship does not exist. Documentary evidence should be sought to support the application.

14.10.29. Travel Costs: Where the person's dependant spouse or child has to rely on public transport to visit the client, a claim for an allowance may be considered as an exceptional expense but it is envisaged that this allowance would only be approved in very exceptional cases. Petrol costs are not allowable under this heading. Documentary evidence should be sought to support the application.

Clients may have personal travel expenses that could be considered.

14.10.30. *Earnings of a Rehabilitative Nature:* Earnings from employment of a rehabilitative nature, up to a maximum of the current rate per week, should be disregarded for the purpose of the assessment.

14.10.31. *Other Outgoings:* Other exceptional outgoings may be considered based on its merits. The Unit Authorised Officer or Equivalent Grade may only allow such costs in very exceptional cases. Documentary evidence should be sought to support the application.

14.10.32. Where expenses are being allowed as part of the assessment process, documentary evidence should be obtained and attached to the assessment file.

14.10.33. Appeals

In cases where the client or their next of kin as appropriate, are dissatisfied with the Unit Authorised Officer or Equivalent Grade's decision regarding the amount of the charge, they may appeal the decision to the relevant Appeals Officer. The client or the next of kin where appropriate, should be advised of the appeals process on being notified of the charge.

14.11. Assessment of Client Means

14.11.1. An officer nominated by the Area Manager should undertake the individualised annual financial assessment for clients of the Community Residence who are liable to a charge. This assessment should be made in conjunction with those officers responsible for the individuals care whilst ensuring that there is no adverse effect on the therapeutic relationship with the client.

14.11.2. For all admissions for in-patient services where there is an expectation that that the client is admitted for long stay, an Assessment Form (Appendix A) should be completed by the client/family/advocate and submitted to the Unit's Authorised Officer for determination of the relevant charge to be raised. It is important to note that charges cannot commence until after the client's first 30 days in the facility. However the assessment process can begin before that date.

14.11.3. Where a client is initially admitted for respite and then granted a long stay bed, the 30 day exemption period commences from the date the clinical decision is made to admit the client to long stay care (this is subject to change if a charge for respite care is introduced).

14.11.4. Following assessment, the client/family/advocate should be advised of the charge due and given options on how to pay the charge (Agent on pension book/invoice method). A copy of the calculation sheet (See Appendix A) giving details in regard to how the charge was calculated should be issued with this notification. Details of allowable expenses should also be advised to the client or their next of kin. Copy of this notification should be placed on the client's file.

14.11.5. If the financial assessment form is not completed within 10 working days, the Unit Authorised Officer or Equivalent Grade should send out a reminder. If no response to the reminder within a further 10 working days, the Unit Authorised Officer or Equivalent Grade should implement the maximum charge but should explain in the letter that this charge may be reduced following the return of the full information required. The maximum charge should not be implemented if the Unit Authorised Officer or Equivalent Grade is aware that there is insufficient income available to pay the charge.

- 14.11.6.** In cases where the level of the charge is in dispute with the Unit Authorised Officer or Equivalent Grade, the Unit Authorised Officer or Equivalent Grade should carry out a review if documentary evidence of hardship exists which the Unit Authorised Officer or Equivalent Grade was not aware of before. Where the client or next of kin are still not satisfied with the charge determined, they should be advised to make a submission to the Appeals Officer.
- 14.11.7.** All decisions should be filed on the client's file.
- 14.11.8.** In cases where the client is non compos mentis and there is no known next of kin, the relevant designated administrative officer should note same on the file along with filing the Assessment Form on the file.
- 14.11.9.** In the case of community residences where a 'contribution to weekly expenses' is applicable; this contribution amount should be equitable for all residents of that particular hostel and should be determined by the Unit Authorised Officer or Equivalent Grade in line with the weekly expenses of that particular hostel. The Unit Authorised Officer or Equivalent Grade should have regard to the weekly expenses of the hostel when determining the standard amount and details on how the standard amount was arrived at should be documented for audit purposes.
- 14.11.10.** Assessment Forms and all supporting documentary evidence should be filed on each client's file in all cases and retained in line with the HSE NFR-08: Retention of Financial Records. [HSE National Intranet - National Financial Regulations](#)
- 14.11.11.** A review of each client's circumstances should be undertaken at least once a year. This review should take place within one month of the annual budget increases on DSFA pension.
- 14.11.12.** At this stage, all clients who were in receipt of client services from the commencement date of 14th July 2005 and any clients admitted prior to the introduction of these revised guidelines should now all have been assessed for charges. However, there may be some isolated cases where the assessments have not yet been completed. For these cases, the following procedure should be followed.
1. All assessments should be backdated to 14th July 2005 as clients were made aware of their potential liability for charges. However, in cases where the client does not have the ability to pay these charges in a lump sum, arrangements should be put in place whereby the amount due can be reclaimed by installment at a nominal amount per week or deducted from monies claimed under the Repayment Scheme. Where payment is being made in installment, the Unit Authorised Officer or Equivalent Grade should ensure that the additional amount agreed to on a weekly basis does not result in the client being left a personal allowance of under the agreed minimum amount per week as set in the legislation.
 2. If the client was admitted prior to 9th December 2004 and the Unit Authorised Officer or Equivalent Grade has details of the old assessment on file, the Unit Authorised Officer or Equivalent Grade can complete the assessment based on the current rate of DSFA payment provided that the client does not have any other forms of income or outgoings. However, if following communication of the charge, the client/family/advocate wish to

advise of outgoings that the Unit Authorised Officer or Equivalent Grade was not aware of, the client/family/advocate should complete the assessment form with details of the outgoings so that they can be assessed as appropriate.

14.12. Client Private Property

14.12.1. Where there is a requirement to hold client property in terms of money, personal belonging such as jewellery, personal items of furniture such as ornaments etc these assets should be maintained and secured in line with HSE Patient Private Property (PPP) guidelines where applicable.

14.13. Cash and Banking

14.13.1. Where the residences operate income collection in the form of rents all cash handling and banking of monies shall comply in full with the HSE NFR -13: Cash and Bank. HSE National Intranet - National Financial Regulations

14.14. Imprest Accounts / Procurement Cards

14.14.1. Residences may have a requirement, driven by clinical and therapeutic needs, to make purchases outside the normal Purchase to Pay Process. Such units will require approval by the relevant National Management Team Member and National Director of Finance and their nominees for specific departures from the NFR-01: Purchase to Pay Process. HSE National Intranet - National Financial Regulations

14.14.2. Where Imprest accounts are in operation the rules of the NFR-01: Purchase to Pay Process apply.

14.14.3. Where Procurement cards are the chosen alternative payment method adherence to HSE NFR -10: Credit Cards and Procurement Cards is required. HSE National Intranet - National Financial Regulations

14.15. Public Telephone

14.15.1. Where a public phone is located in a residence it shall be secured in compliance with the procedures as set out on the HSE NFR -13: Cash and Bank HSE National Intranet - National Financial Regulations

14.16. Resident Death or Discharge

14.16.1. On the discharge/death of a client, the Unit Authorised Officer or Equivalent Grade shall ensure that adequate processes are in place for ensuring that:

1. The designated staff should immediately notify the Finance Accounts Office to facilitate closure of rental /bank records.
2. Any balance due from the client is calculated and validated.
3. Any maintenance or other amount due to the residence has been paid.

4. Where the client is deceased, the next of kin are advised of money/property being held on the clients' behalf where applicable.

14.16.2. On discharge the client accepting their property must sign a declaration of acceptance and confirmation of items received. This declaration will remain on file as confirmation that the property was handed over the authorised officer in the Unit.

14.17. Record Management

14.17.1. An individual Client file must be established in the residence to records a client's periods of residence and maintained by the Unit Authorised Officer or Equivalent Grade or officer designate.

The file must contain at a minimum the following information:

- unique client reference number
- date of arrival
- date of departure
- details of next of kin
- details of patient private property held
- financial assessment form and related documentary evidence of sources of income and expenses
- bank details and related correspondence
- whether a charge was to be applied for rental and how the rental is to be collected i.e. DD
- details of entitlements financial or otherwise the client is entitled to claim.

14.17.2. A Register must be established in the residence to records a client's periods of residence and maintained by the Unit Authorised Officer or Equivalent Grade or officer designate.

The Register must contain at a minimum the following information:

- unique client reference number
- name of each resident
- date of arrival
- date of departure
- whether patient private property records are held for the client

The client register must be reviewed regularly for completeness and validity. At regular intervals the register must be certified by the Unit Authorised Officer or Equivalent Grade and a copy forwarded to an officer designated by the local LHO Manager, for appraisal and the original retained for audit purposes.

14.17.3. The residence shall supply the local finance divisions with a listing of all clients that are going to be paying their rents by direct debit to the central HSE Bank Account. This listing should set out the following:

1. client Name
2. amount of DD
3. frequency of DD
4. community Residence Name
5. address of Residence to which Receipts should be issued to
6. cost Centre and General Ledger Code

Where rental is cash receipted the requirement for weekly & monthly Receipts Summary Sheets in adherence with NFR-13: Cash and Bank shall be operated.

Unit Authorised Officer or Equivalent Grades must ensure that when advising the clients of the HSE bank account to which the DD needs to be directed that they instruct the bank to put both the client name and residence name as reference on the direct debit text so each one can be separately identified.

Local Finance sections will also need to be notified on an ongoing basis of any new direct debits set up / movement of clients paying DD's from one residence to another so local Receipts Section can be informed.

A nominated person from the LHO shall run monthly Cost Centre Line Item Reports on the cost element set up to record these receipts and the relevant Cost centres of the residences concerned. These reports should then be checked and certified by the relevant Unit Authorised Officer or Equivalent Grade to ensure each person that should be paying is paying as agreed.

14.17.4. Forms and Documentation

- All residence designated officers are responsible for ensuring that all forms and paperwork are submitted to the relevant HSE Finance divisions and the bank (where applicable) fully completed and on a timely basis, in order that the financial systems or other appropriate systems are updated with the recent information in a timely manner.
- Offices must ensure that all sections of appropriate records are properly completed prior to approval.
- Incomplete documents lead to delays in processing and recording of information which can result in inaccurate management data.
- Forms which have not been sanctioned by the appropriate Line Managers will not be processed.

14.18. Training

14.18.1. Any person responsible for the financial assessment, receipting and banking of rental charges, public phone usage, use of imprest accounts or procurement cards or management of Patient Private Property accounts should be appropriately trained and must maintain for ready reference complete and up to date manuals dealing with specific internal controls to minimise the occurrence of loss, damage or theft of assets and misstatements in the financial records. It is the responsibility of the LHO Managers to ensure that appropriate training sessions are provided for essential personnel in these processes.

14.19. Interdepartmental Communication

14.19.1. It is the responsibility of each LHO Manager to ensure that there is effective co-ordination between the Residences, LHO's and regional finance directorates to ensure all processes and deadlines are adhered to.

14.19.2. Designated officers shall be assigned by the LHO Manager to prepare and implement a procedure outlining this communication process in each residence.

This procedure must be available for review purposes to Internal Audit and the Office of the Comptroller and Auditor General upon request.

14.20. Local Procedures Manuals

- 14.20.1.** Each Residence must prepare and implement a procedure outlining the local process and designated participants in operations of financial management in the Residences. This procedure must be available for review purposes to Internal Audit and the Office of the Comptroller and Auditor General upon request.
- 14.20.2.** Officers must fully understand their responsibilities as outlined below. It is the responsibility of the LHO Managers and the Unit Authorised Officer or Equivalent Grade to ensure that all officers are made aware of their roles and respective responsibilities.
- 14.20.3.** All employees who are involved in the process must be fully inducted in the workings of the procedure.

14.21. Segregation of Duties

- 14.21.1.** It is the responsibility of each LHO Manager to ensure appropriate segregation of duties to eliminate possibility of collaboration. The Unit Authorised Officer or Equivalent Grade or officer designate should check a number of transactions at random to ensure compliance with these procedures.

14.22. Performance and Evaluation

- 14.22.1.** Continuous assessment and feedback of performance at all levels of financial management must be carried out against the policy objective as set out in this regulation and against locally determined procedures established as a result of this.
- 14.22.2.** LHO Management must establish performance review mechanisms including formal and informal contact with those involved in financial management in community residences. Such reviews must be carried out by suitable designated officer, both from the LHO and the Residence on a regular basis in a participative environment and should address all areas covered by this regulation.

14.23. Security of Property

- 14.23.1.** If appropriate, facilities shall be made available to community residences to receive resident's property for safekeeping. Such property shall include money, deposit books of financial institutions and valuables.
- 14.23.2.** In addition to resident's personal property the facility shall also be used to keep principal financial papers associated with the management of the various community residence accounts.
- 14.23.3.** All of the above shall be maintained in a secure location such as a safe or locked cabinet. Where money is involved, a cash box shall also be used.

- 14.23.4. The Unit Authorised Officer or Equivalent Grade shall control access to these facilities.
- 14.23.5. Records shall be kept of all property surrendered for safekeeping and receipts issued as appropriate.
- 14.23.6. Residents who withdraw personal property from safekeeping shall sign for it before it is handed over to them and designated officer(s) shall countersign as well as adjusting all relevant records.
- 14.23.7. All financial records must be secured in a secure location and held in accordance with NFR-08: Retention of Financial Records and be available for inspection by the Comptroller and Auditor General and the Internal Audit Directorate.
- 14.23.8. Community Residences Managers have responsibility to remain informed of the insurance cover pertaining to the handling of cash in their location. Care should be taken to avoid holding amounts in excess of the above authorised limits. A detail of insurance cover should be sought from Assistant National Director of Finance AFS Statements & Governance Finance Directorate.

To ensure adequate insurance cover annual notification is required from the Unit Authorised Officer or Equivalent Grade of the approximate maximum amount of cash to be held in each business unit at any time during the year and confirmation that written procedures are in place to ensure safeguarding of cash.

Insurance does not remove the obligation to manage risk within the Unit and any changes in respect of the above shall be notified immediately to the Finance Department so that insurance cover can be adjusted.

Voluntary organisations, which operate hostels/community facilities in conjunction with the HSE, shall be responsible for their own insurance cover. Sufficient cover shall be taken out to meet the market value of the property, its contents as well as employee and public liability.

14.24. Roles & Responsibilities

14.24.1. LHO Management/Equivalent Grade or designated officer(s)

The responsibilities of management in relation to the management of finance in Community Residences are as follows;

- To devise policy and procedures suitable for their needs which support and underpin this regulation.
- To designate a Unit Authorised Officer or Equivalent Grade who will be responsible for the discharging of policies and procedures within each community residence.
- To provide adequate training and support to all persons involved in financial management in community residences.
- To provide adequate systems of internal checking ensuring a segregation of duties where essential.
- To regularly review policies and procedures for financial management and initiate a strategy for change if appropriate.
- To provide all information necessary for Internal and External Auditors to assist them in their work.

14.24.2. Unit Authorised Officer / Equivalent Grade or designated officer(s)

The duties and responsibilities of the Unit Authorised Officer / Equivalent Grade or designated officer(s) are as follows;

- To implement all policies and procedures governing the management of finances in community residences.
- To draw the attention of LHO management to any difficulties with regard to the operation of this regulation.
- To inform management of problems that may arise which require their attention.
- To arrange to have another officer familiar with the proceedings of financial management and capable of performing this duty if required.
- To provide the LHO Manager with all formal statistical/financial information required in relation to the daily management of community residences as requested.
- To ensure that all policies and procedures in relation to the management of the residences finance uphold the dignity and independence of the client as well as safeguarding their interests and those of the HSE and its staff.
- To ensure
 1. the completion of all relevant paperwork and for the maintenance of all relevant supporting documentation.
 2. that all forms and paperwork are submitted to the bank, fully completed and properly approved.
 3. that all forms and paperwork are fully completed, reconciled and submitted to the designated officer on a timely basis for their review and approval.
 4. that all paperwork is submitted to Finance, fully completed and properly approved and on a timely basis.

14.25. Fraud & Other Irregularities

14.25.1. Any member of staff who considers that there may have been a theft or other case of misappropriation of the HSE's Funds and Clients' Funds must inform their line manager immediately. The manager to whom the matter has been reported must inform their LHO Manager, the Assistant National Director of Finance, the National Director of Audit and HR for appropriate action. For further information please refer to HSE Policies, Procedures Guidelines and in particular to the HSE Protected Disclosures of Information Policy at [HSENet - HSE National Intranet - Policies, Procedures & Guidelines](#) .

14.26. Audit

14.26.1. The external and internal auditors of the HSE have the right of unrestricted access to all premises, vouchers, documents, books of account, and computer data and to any other information which they consider relevant to their enquiries and which is necessary to fulfil their responsibilities. Both internal and external auditors also have the right to verify assets and the right of direct access to any employee or person responsible for the administration or management of HSE funds with whom it is felt necessary to raise and discuss such matters.

14.26.2. Sample checking by the Auditors may take place at regular intervals in each financial year.

- 14.26.3.** Every officer who receives moneys on behalf of the HSE shall attend at such place and at such time as may be appointed by the Auditor and shall submit his/her books and records, accounts and paying-in slips for examination and checking.
- 14.26.4.** Where any irregularities are disclosed these should be brought to the attention of the relevant manager and notified to the Regional Assistant National Director of Finance.

14.27. APPENDIX A: FINANCIAL ASSESSMENT FORMS FOR CLIENTS³

NAME OF UNIT		
CHART/MEDICAL RECORD NO		
SECTION 1 - Personal Details		
Client's Name		
Spouse's Name		
No of Dependant Children		
Address		
Date of Birth		
Date of Admission		
PPSN No		
Name of Person Handling Affairs		
Address		
Relationship to Client		
Daytime Contact Phone No:		
SECTION 2 - Income		
<i>Please provide Documentary Evidence of Income</i>	Weekly Amount	
	Client	Spouse
Department of Social & Family Affairs Payment		
Pension No (if applicable)		
Occupational Pension		
Overseas Pension		
Salary/Wage		
Income from Property - Rent		
Weekly Interest from Savings/Investments		
Any other Income		
TOTAL WEEKLY INCOME		

³ *Only data required for decision-making on the level of charge should be sought and recorded on this form.*

Health Service Executive
National Financial Regulations

Total Amount on Deposit for Savings/Investments	
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SECTION 3 - Outgoings	<i>Please Provide Documentary Evidence of Expenditure</i>
Life Assurance	
Medical Insurance	
Medical Costs	
Loans/Repayments	
Maintenance Payments - Spouse	
Travel Costs (Exceptional)	
Rent/Mortgage	
Other Exceptional Expenses	
Total Outgoings	

<i>Please complete for community residences only</i>	
<i>Contribution to Weekly Expenses</i>	
<i>Socialisation Expenses</i>	
<i>Income from Employment Scheme</i>	

Please advise of any previous respite/long term care admissions in the last twelve months	
Name of Unit	
Date of admission and Discharge	

**I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE**

SIGNED	
NAME IN BLOCK CAPITALS	
DATE	

** The Spouse's income column is only relevant where the income of the spouse at home is less than the current rate of SP (NC) - if it is less than SP (NC) rate - the Authorised Officer should ensure that the charge raised does not leave the spouse at home with less than SP (NC) rate*

FOR OFFICIAL USE ONLY	
NAME OF UNIT	
CHART/MEDICAL RECORD NO	
CLIENT'S NAME	
DATE OF BIRTH	

FINANCIAL ASSESSMENT	
Total Weekly Income (Section 2)	
Less Personal Allowance	
Less Allowance to Spouse*	
Less Allowable Expenses	
Life Assurance	
Medical Insurance	
Medical Costs	
Loans/Repayments	
Maintenance Payments - Spouse	
Travel Costs	
Rent/Mortgage	
Socialisation Expenses (Community Residences Only)	
Allowance for Employment Scheme (Community Residences Only)	
Other Exceptional Expenses	
Total Allowable Expenses (See Explanatory Note)	
Total Assessable Income (Total Weekly Income less Personal Allowance and Total Allowable Expenses)	
Charge Applicable **	
Contribution to Living Expenses (Community Residences Only)	
Balance to Charges A/C	

**Health Service Executive
National Financial Regulations**

** Only where the income of the spouse at home is less than current SP (NC) rate*

***Please note Maximum/Minimum Charge applicable as per current legislative rates.*

EXPLANATORY NOTE

Please note that a charge cannot be levied unless the client has been in receipt of in-patient services for at least 30 days within the previous 12 months but excluding any such periods before commencement of Regulations - 14th June 2005

AMOUNT OF CHARGE APPLIED P/W	
CHARGE APPLICABLE FROM (DATE)	
PREPARED BY	
AUTHORISED BY	
DATE	