

Daily Money Management Programs



A Protection Against Elder Abuse

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*National Center on Elder Abuse
Washington, D.C.
June 2003*

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for the

Institute on Aging (formerly Goldman Institute on Aging)
San Francisco, California

June 2003

This publication was produced under a contract with the Institute on Aging for the National Center on Elder Abuse. The NCEA is funded by grant No. 90-AP-2144 from the U.S. Administration on Aging, and consists of six partner organizations: the National Association of State Units on Aging, which is the lead agency; the American Bar Association Commission on Law and Aging; the Clearinghouse on Abuse and Neglect of the Elderly of the University of Delaware; the San Francisco Consortium for Elder Abuse Prevention of the Institute on Aging; the National Association of Adult Protective Services Administrators; and the National Committee for the Prevention of Elder Abuse.

NCEA exists to provide elder abuse information to professionals and the public; offer technical assistance and training to elder abuse agencies and related professionals; conduct short-term elder abuse research; and assist with elder abuse program and policy development. NCEA's website contains many resources and publications to help achieve these goals. You can find the website at www.elderabusecenter.org. NCEA may also be reached by phone (202.898.2586); fax (202.898.2583); mail (1201 15th Street, N.W. Suite 350; Washington, D.C. 20005); and email (NCEA@nasua.org).

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Introduction to Manual

Professionals who work with elders have long recognized that individuals who are unable to manage their finances are at risk for impoverishment, homelessness, institutionalization and guardianship. More recently, professionals have come to recognize that these individuals are also susceptible to exploitation by unscrupulous family members, acquaintances and predators. Daily money management (DMM) is increasingly being viewed as a promising way to protect seniors from those who seek to exploit them.

Despite their potential for preventing abuse, DMM programs are in short supply in many communities, a fact that is particularly disturbing in light of the many newly recognized forms of financial crime and exploitation against seniors. These include telemarketing fraud, investment fraud, identity theft and predatory lending. There is also growing recognition that financial gain is sometimes the motive behind other forms of elder abuse. For example, perpetrators may assault or threaten elders to gain access to money or property, or they may withhold food or other necessities to hasten the elders' decline or death, thereby gaining access to their estates. DMM can prevent exploitation by shifting control of vulnerable seniors' money to trustworthy third parties who are less vulnerable to threat or intimidation, by eliminating perpetrators' motives for causing harm, or by providing oversight and support.

This manual describes what DMM is, how programs are organized and administered, and the potential role of DMM in preventing elder abuse and neglect. It further describes the challenges organizations face in providing the service. Finally, it offers recommendations for ensuring quality services to clients and profiles promising practices, model programs and available resources.



Part 1: What are Daily Money Management Programs?

Daily money management (DMM) programs assist people who have difficulty managing their personal financial affairs. It includes help with such simple, routine tasks as paying bills, preparing checks for signature, making bank deposits and dispensing cash. It may include more complex tasks like negotiating with creditors, maintaining home payroll records for attendants or other home employees, and calculating federal and state withholding and FICA taxes. The service is offered by public agencies as well as private, non-profit and for-profit organizations. The individuals who perform the service include accountants, home care workers, bookkeepers, social workers, volunteers, private fiduciaries, nurses and others. Although family members, friends and acquaintances may also help those in need, this manual focuses on DMM provided by agencies and organizations.

Some clarification with respect to terms is in order. DMM encompasses many types of assistance, and there is some disagreement about what it includes. For example, DMM is viewed by some as a way to circumvent guardianship; for that reason, it is sometimes classified as a “guardianship diversion” strategy, along with other services that promote independence and autonomy. However, some DMM programs offer

guardianship of estate, or property, as part of a continuum of service options and view it as a component of, rather than an alternative to, DMM. Further confounding matters is the fact that the term “financial management” is sometimes used interchangeably with, or in place of, DMM, which can be misleading because financial management also refers to the management of investments or estates, a service that is not generally considered to be a part of DMM. In this manual, DMM is used to describe a broad array of both informal and formal ways to help seniors manage their money on an ongoing, routine basis. Readers should note that DMM programs may offer some services and not others, and may define terms differently.

The type of help people need with their money varies widely. Someone with moderate memory loss may simply need to be reminded when it is time to pay bills. People who are capable of making decisions about their money may require assistance from others to carry out their wishes and transact business for them. Still others may be unable to make decisions as a result of diminished mental capacity and require surrogates to do so for them. Surrogate decision-makers include guardians (called conservators in some states), some attorneys-in-fact (see next section) and representative

payees. These individuals make decisions based on the “expressed wishes” of those they represent (assuming these individual expressed their wishes prior to the onset of incapacity). When their wishes are not known or cannot be met, surrogate decision-makers base their decisions on what they believe to be in the best interest of those they represent.

DMMs vary in the services they provide and the roles they assume. For example, AARP volunteers typically provide help with paying bills or serve as representative payees (see Model Programs and Resources). Others, like Jewish Family and Children’s Services (see Model Programs and Resources), offer a continuum of service options ranging from informal help that does not require special legal authority to more formal interventions that require the involvement of courts or federal agencies. Typically, agencies seek to provide the “least restrictive alternative” for meeting clients’ needs. This means options that least restrict clients’ freedom and autonomy. DMMs may function in any or all of the following roles:

The Role of Daily Money Managers (DMMs)

- **Educators** impart information and skills required to manage money. Seniors may need education for many reasons. For example, recently widowed seniors may be managing money for the first time, while immigrants from “cash economies” may be unfamiliar with bank services or common financial practices.
- **Advocates** inform clients about benefits, services or insurance they are entitled to, help them apply, and, when necessary, appeal decisions.
- **Debt managers** negotiate with creditors and work out plans to pay back debt. As seniors are increasingly targeted by aggressive credit card companies, predatory lenders and others, the need for this service appears to be growing.

- **Bill payers** may simply meet with clients periodically to remind them to pay their bills or actively assist by arranging for automatic deposits, submitting claims to Medicare, Medicaid or private insurers, etc. This service is appropriate for clients who are capable of making reasoned decisions when provided with information, advice and assistance. Clients are fully responsible for transactions, retain check-signing authority, and keep their own bank accounts.

- **Paying agents** receive clients’ funds and pay monthly bills directly. Some deliver cash to clients.

- **Representative payees:** Federal agencies that issue benefit checks, including the Social Security Administration and the Department of Veterans Affairs, may appoint “representative payees” to manage the benefits of people who are unable to make financial decisions as a result of dementia, drug or alcohol abuse, mental illness or retardation, depression, etc. Representative payees may be family members, friends, volunteers or institutions such as banks or social service agencies. In 1989, approximately 10% of all Social Security beneficiaries received their payments through payees. Of these, 35% were over the age of 65 (Congress & Chernesky, 1993). As the number of seniors increases, the need for payees will also continue to increase.

To become a representative payee for Social Security benefits (the process is similar for other federal agencies), a concerned party applies to the Social Security Administration (SSA) with a medical statement verifying that the potential beneficiary is incapable of managing the benefit payment. The agency investigates the need and determines who should be appointed. In some cases, SSA initiates representative payeeships in response to referrals from hospitals, relatives, agencies, neighbors or even landlords. SSA may

ask beneficiaries if they have family members or others they would like to serve; if not, SSA may ask an agency.

- **Attorneys-in-fact (persons who have been granted power of attorney):** A power of attorney (POA) is a legal document through which one individual (called the “principal”) appoints someone (called the “agent” or “attorney-in-fact”) to act in place of, or on behalf of, the principal. Principals must have legal decision-making capacity at the time they execute the powers, and the POA terminates if the principal loses capacity. POAs are a useful tool for individuals who are unable to transact business on their own as a result of physical disabilities.

Special provisions can be added to powers of attorney to enable attorneys-in-fact to continue to transact business even if the principal becomes incapacitated. A “durable power of attorney” (DPA) contains language indicating that it is intended to remain in effect even if the principal loses decision-making capacity. DPAs may become effective at the time they are signed or, in the case of “springing” DPAs, at a specified future time or contingency (e.g. the subsequent incapacity of the principal).

- **Trustees** (of “Living Trusts”). A trust is a legal document through which an individual (called the grantor) appoints a person or institution (called a trustee) to hold or manage property for the benefit of another (called the beneficiary). Trusts can be constructed to take effect during grantors’ lifetimes (called living trusts) or upon their death (testamentary trust). Grantors must have legal decision-making capacity at the time trusts are established. Because they are relatively expensive to create and administer, trusts are typically used by people who have significant assets.

- **Guardians:** Guardianship (also called “conservatorship” and “committeeship” in some states) is a mechanism by which courts appoint people to handle the financial and/or personal affairs of individuals who are unable to protect themselves as the result of incapacity. Although guardianships are governed by state law and vary widely across the country, the criteria are generally the same. Guardianships are appropriate for persons who lack sufficient mental capacity to manage their own affairs and are vulnerable to abuse, neglect or other harm. In granting guardianships, courts further consider whether the appointment of a guardian can, in fact, remedy the situation or reduce the risk of harm. In some states (including California), courts require proposed conservators to consider less restrictive alternatives for meeting proposed conservatees’ needs prior to filing. Guardianship is often the only alternative available to appoint surrogates for people who have lost decision-making capacity (and cannot, therefore, appoint surrogates themselves) or when less restrictive legal devices like trusts or POAs have been misused.

Who needs DMM?

It has been estimated that 5-10% of all elders living in the community could benefit from some form of DMM (Wilber and Buturain, 1992). Although people of any age may need help, elders are particularly likely to need the service as a result of the following common conditions or circumstances:

- Cognitive impairment
- Arthritis or other conditions that limit the person’s ability to write
- Visual impairment
- Vulnerability to pressure or undue influence
- The loss of a spouse, family member or friend who previously handled the person’s finances

- Limited literacy in English and/or in the elder's primary language
- Lack of familiarity with standard banking, credit and tax practices (e.g. recent immigrants)

Very little research has been conducted to explore who needs DMM and why. A notable exception is a study currently in progress in Los Angeles, which is exploring how such factors as depression, activity limitations, and deficits in executive function (the "higher-order" cognitive processes that involve such skills as the ability to plan for the future) contribute to the need for DMM (Wilber & Cedano, 2002).

Who provides DMM?

DMM is provided by private, non-profit agencies, for-profit agencies and public agencies. Programs may serve in any or all of the roles described earlier. Some provide DMM exclusively, while others offer it as part of a continuum of health and social services. Recognizing that clients may have multiple needs that change over time, some agencies provide financial "case management;" this model of service delivery includes initial assessments of clients' needs, the development of comprehensive service plans, and routine monitoring. Public guardians, available in some communities, are considered to be the "provider of last resort" for people who need guardianship but lack friends or family members who can serve, and who have insufficient resources to hire professionals.

Changing Trends

DMM programs have emerged in what has been described as an "ad hoc" manner (Wilber and Buturain, 1992), referring to the fact that as professionals and paraprofessionals in diverse settings observed that clients were having problems, they responded by providing the service using whatever resources they had available. Programs exclusively devoted to DMM began emerging during the late 1970s

and early 1980s. AARP assumed a leadership role in promoting DMM by initiating a volunteer program in 1981 (see Model Programs and Resources). The growing need for representative payees prompted the federal government to encourage social service agencies to serve as payees in the late 1980s; later, it permitted agencies to retain fees from clients' check to offset operating expenses (Congress & Chernesky, 1993). In some communities, courts encouraged agencies and private practitioners to serve as guardians.

Although there is no systematic tracking of DMM programs, and the most recent surveys were conducted in the early and mid 1990s, experts in the field have noticed some trends. One notable development is the emergence and rapid growth of "for-profit" DMM programs in some communities, ranging in size from individuals in private practice to large agencies. Among the factors believed to be fueling this increase is the inability of nonprofessionals (including family members or friends) to secure bonding (see next section). The Elderly Financial Management Project at the Reingold Institute at the Brookdale Center on Aging of Hunter College, which has, for many years, provided technical assistance and training in DMM to social service agencies, now receives frequent requests from private home care providers, geriatric care managers and "naturally occurring retirement communities" (apartment buildings, cooperatives, mobile home parks, etc. with a significant number of elderly residents). Many communities lack sufficient DMM services, particular for clients who cannot afford to pay. Public guardians are not available in many communities; existing programs are likely to have extremely high caseloads or may be forced to turn clients away.

The emergence of for-profit money management programs has been the cause of some concern, particularly since the field is unregulated in most states. Some of this concern comes from private professionals themselves, leading to the creation of professional organizations like the American Association of Daily Money Managers (see Model Programs and Resources), which provides information and education to its

members and helps consumers find and screen providers. Similarly, the National Guardianship Association (NGA) has established practice standards for guardians (see Model Programs and Resources). Several states have enacted statutory protections. The state of Washington, for example, has adopted practice standards similar to NGA's and a certification program. California requires private professional conservators to report on the number of clients they serve, submit to fingerprint checks, and disclose if they have ever been removed from cases.

The proliferation of for-profit DMM programs has had an impact on the "client mix" of non-profit providers that serve both clients who can afford to pay (often on a "sliding fee scale") and those who cannot (client mix here refers to the proportion of paying to non-paying clients). With proprietary agencies seeking out clients who have assets, non-profit agencies are serving fewer paying clients. The loss in fee-generated revenue has forced these agencies to find other sources of funding or to serve fewer low-income clients.

A Profile of DMM Programs

Mounting interest in DMM led several prominent institutions to launch initiatives to expand the knowledge base about the service. AARP's 1995 Daily Money Management Program Survey describes the practices of 360 non-profit, for-profit and governmental DMM programs nationwide. A 1993 survey of 200 case management and health care providers in New York City, conducted by the Jacob Reingold Institute of the Brookdale Center on Aging of Hunter College (JRI), explored agencies' experiences with financial abuse and DMM. These surveys, as well as discussions with practitioners in the field, provide the basis for the following sections, which focus on how programs are organized and administered, challenges they face and how they have responded.

Services offered

The 360 programs surveyed by AARP ranked bill paying, maintaining financial records, negotiating with creditors, preparing budgets and balancing checkbooks as the most commonly provided services. Filing income tax returns was the service DMM programs were least likely to perform. DMM providers were most likely to serve as representative payees (as opposed to guardians, paying agents or attorneys-in-fact). Respondents to the JRI survey ranked help with Medicare claims and appeals as the service they provided most often.

Funding and fees

Support for programs comes from client fees, contributions, government funds, foundation grants, the United Way and court-approved commissions for acting as guardians. Some programs withhold allowable SSA and Veterans Administration fees, while others choose not to. Other third-party payers include Medicaid waiver programs and Adult Protective Service (APS) programs. Fees typically range from \$25 to \$100 an hour depending on the complexity of clients' financial affairs and where programs are located.

Use of volunteers

Volunteers are an integral part of many DMM programs. Forty-five percent of the programs surveyed by AARP indicated that they used volunteers. Agencies that are most likely to use volunteers are non-profits (58%) and programs that have been in existence for fewer than five years (63%). Specific tasks volunteers perform include making presentations about services to community groups, serving as client advocates, auditing records and getting documents notarized. Some deliver cash to clients.

Agencies provide training to volunteers on a variety of topics including public benefits regulations and reporting, health and burial insurance, resources, working with difficult clients, aging, disability, banking and trusts. They are increasingly providing training on how to identify and report elder abuse.

Eligibility for service, caseload size and referral sources

Programs may have financial eligibility criteria for clients. AARP-affiliated programs (see Model Programs and Resources) and many non-profit programs only serve clients with limited incomes or assets. Although private professionals typically serve more affluent clients, courts in some jurisdictions require these professionals to continue to serve clients who have been appointed to them even if the clients run out of money. Some private professionals also provide limited service on a pro bono basis as a community service.

DMM programs tend to start small and build their caseloads as they gain expertise. Programs with fewer than 20 clients are more likely to have been in existence less than five years, while those with 100 or more clients are likely to have been in existence for more than 10 years (AARP, 1996).

Referrals to DMM programs come from APS, social service agencies, family members, governmental agencies and others. Some programs have noticed an increase in self-referrals from clients who have recently been diagnosed with dementias, presumably the result of the growing number of education and support programs for persons with early stage dementias.

Assessing clients' need for DMM

Providers are most likely to base their judgments about clients' DMM needs on personal interviews with clients (87%) and conferences with social services professionals (72%) (AARP, 1996). Just under half use functional assessment tools. When more restrictive alternatives, such as representative payeeship or guardianships, are being considered, more rigorous assessments are likely to be performed (doctors' declarations attesting to incapacity may be needed).

Common criteria or "indicators" that are used to assess the need for services include:

- Failure to pay bills, insurance premiums, taxes and other expenses resulting in eviction, foreclosure, discontinued utilities or services, late fees and penalties
- Inappropriate payments, such as payments for bills that have already been paid or multiple payments for the same service
- Failure to keep track of resources or property (an elder loses checks or cash, doesn't know where bank accounts are, lends items and forgets about them, fails to collect rent from tenants, etc.)
- Failure to carry out routine tasks such as opening and paying bills, cashing checks or recording deposits and expenditures
- Excessive spending on useless items, sweepstakes or contests, or unusually large donations to charitable, fraternal, religious or political organizations
- Exploitation by others as evidenced by:
 - Missing property or assets
 - The elder sold property but has no money
 - Unrelated people are living in the elder's home
 - Elders are kept in the dark about their finances by others
 - Elders have given power of attorney to others and disagree with how their money is being used, or they want to revoke the powers
 - Multiple or unexplained payments
 - Numerous transfers from savings to checking accounts



Accounting systems

The accounting systems and practices used by DMM programs, to a great extent, reflect the size, age and type of organization providing the service. For-profit organizations are more likely to use computerized accounting systems (72% compared to 52% for all programs) (AARP, 1996). Programs may use commercial accounting software programs like Quicken and Quick Book, or develop customized programs. Smaller agencies and those that use volunteers are more likely to use manual accounting sheets, check writing ledgers, and cash receipt and disbursement ledgers, although many are switching to electronic banking and automatic deposits.

Some organizations combine the funds of multiple clients in common bank accounts. This practice is used more frequently by government agencies (61%), older programs (49%) and programs serving more than 100 clients (56%). It is used much less frequently by for-profit businesses (7%).

Risk management

A primary concern of many DMM programs is protecting clients and themselves against unscrupulous employees, mistakes or other risks. Agencies are also concerned about the risk of lawsuits and bad publicity

resulting from wrongful acts or omissions. The AARP survey revealed that the most common risk management strategies used by DMM programs are periodic monitoring of bank statements and cancelled checks, and orientation for staff and volunteers (each practice was used by 72% of the responding agencies). Other commonly used practices include in-service training for staff (67%), asking clients to sign service agreements giving the agency authority to provide the service (63%), and written procedures for handling clients' money (63%). Professional consultation with attorneys and auditors was a technique used by 62% of the agencies surveyed. Fifty-five percent reported that they convened meetings to discuss ways to reduce liability risk.

Less commonly used risk management strategies include periodic reviews and revisions of legal tools used (48%), independent audits of programs and client accounts (47%), advisory committee reviews of financial procedures (28%), and the use of dual signatures on checks (25%).

The types of risk management strategies used by DMM programs also appear to reflect the size, age and type of agency. Private, non-profit organizations were found to be much more likely than governmental agencies to use client service agreements (72% and 41% respectively). Larger programs (with more than 100 clients) were more likely to consult with attorneys, auditors and other professionals. Older programs (more than 10 years old) and for-profits were also more like to consult with professionals (80% and 82% respectively), while small programs were less likely to consult with professionals.

Insurance

DMM programs may purchase the following types of insurance coverage:

- **Comprehensive general liability** protects an organization, board members, officers, employees and volunteers from damages resulting from bodily injury, property damages or some forms of personal injury.

- **Professional liability and malpractice** covers the wrongful acts or omissions of persons acting in their professional capacity and defends claims brought against employees acting under the personal direction, control or supervision of the insured professional. Malpractice insurance can be purchased to cover specific types of professionals like social workers, health care providers and accountants, or it may be generic, covering the errors and omissions of anyone performing certain designated activities and services.
- **Directors and officers insurance** covers claims arising out of wrongful acts or omissions by the insured corporation or its individual directors and officers.
- **Umbrella liability**, written by a second insurer, protects organizations against claims exceeding the policy limits of their primary liability insurance coverage.

Many DMM programs report problems getting liability insurance, particularly insurance that extends beyond general liability to specifically protect DMM services. Of the respondents to the AARP study, 86% had general liability coverage but only 19% had policies that specifically offered liability for DMM services. Professional liability and malpractice insurance was the next most common type of coverage (66%). Non-profits (89%) were more likely to have general liability coverage than governmental agencies (74%) or for-profit businesses (64%).

Bonding

Some agencies bond employees. There are two types of bonding:

- **Surety bonds** protect clients from losses that result when service providers fail to perform adequately or default on their contractual obligations.
- **Fidelity bonds** safeguard employers against acts and losses caused by employees (e.g. theft, negligence or embezzlement).

The AARP survey found that larger programs were more likely to bond employees (63% compared to 40% for all agencies). Some agencies also bond volunteers. Fidelity bonding was overwhelmingly the most common form of bonding; 82% of the agencies that used bonds used this form.



Part 2: Preventing Elder Abuse Through Daily Money Management

DMM is viewed by many professionals as a promising approach to stopping or preventing elder abuse and neglect. In fact, 74% of the respondents to the AARP survey (1996) included financial abuse or exploitation among the primary reasons clients need money management. Fifty-five percent (55%) cited self-neglect. It was growing concern about elder abuse that led to the creation of the Reingold Institute at the Brookdale Center on Aging of Hunter College in 1993 (see Model Programs and Resources). The Institute's first initiative, a survey of care management agencies to examine their experiences with financial elder abuse, revealed that 83.9% had encountered cases of financial abuse.

The need for DMM is expected to increase as elders are increasingly targeted for such forms of financial abuse and exploitation as mortgage fraud, telemarketing fraud, identity theft and investment fraud. In addition, high-pressure marketing campaigns by credit card companies, insurance companies and others have resulted in some seniors incurring substantial debt. Professionals are also increasingly recognizing that some instances of violence, homicide and neglect may

be financially motivated, suggesting an even more critical role for DMM. The following scenarios serve as examples of abusive or high-risk situations:

- Elders who are no longer able to leave their homes may rely on others to withdraw cash from automatic teller machines, buy groceries or perform other tasks giving unscrupulous caregivers access and opportunity to rob, trick, defraud or shortchange elders.
- Elders with memory loss may be tricked into paying unscrupulous caregivers, service providers or merchants more than once for the same products or services.
- Elders with cognitive impairments (resulting from disease, malnutrition or dehydration, depression, substance abuse or misuse, etc.) may neglect their own care.
- Elders may take on the financial problems or debts of adult children, grandchildren or others, including individuals with psychiatric illnesses or

addictions to alcohol, drugs or gambling. The elder may get involved out of a desire to help or through coercion.

- Some physical, cognitive and emotional conditions render elders susceptible to undue influence. They may be manipulated by unscrupulous individuals into giving gifts, entering into contracts, making loans, adding others to their wills or trusts, permitting them to use property or resources, or getting married.
- Perpetrators may threaten, intimidate, assault or neglect elders to gain compliance or access to property.
- Perpetrators may withhold or obstruct needed care until victims yield to their demands for money or until they are too debilitated to put up resistance.
- Family members and caregivers who stand to inherit may refuse to purchase needed care or services to preserve an estate.
- Tenants may fail to pay rent to a landlord who is unable to collect as a result of cognitive or physical disability.

How can DMM prevent abuse?

DMM can prevent abuse and neglect by eliminating opportunities to abuse, blocking access to assets, or removing the motive to abuse. Protective strategies available to DMMs depend upon the specific DMM services they offer and the authority that has been granted to them, as described in Part 1. Options include the following:

- Arrange for automatic deposits so checks do not come to elders' homes where they can be accessed by perpetrators
- See to it that seniors' contact information is removed from high pressure marketers' lists as permitted by law and report infractions to appropriate law enforcement or regulatory agencies
- Ensure that all bills are paid and critical service needs are met
- Require third parties to sign checks or contracts, withdraw funds, authorize payments, etc. This can protect elders by reducing perpetrators' motives for threatening, hurting or manipulating them.
- Ensure that rent, debts or other revenues owed to elders are collected

The potential of DMM programs to prevent elder abuse has prompted several elder abuse prevention programs to provide the service. Examples include Elder Abuse Prevention, a program in Alameda County, California and the Western Montana Chapter for the Prevention of Elder Abuse (see Model Programs and Resources).



Part 3: Meeting the Demand for Daily Money Management

Challenges Faced by DMM Programs

The unmet and growing demand for DMM has been frequently noted. An overwhelming majority (74%) of the respondents to the AARP survey cited earlier indicated that they had observed an increase in demand during the previous year. DMM providers have also identified underserved groups, including seniors who cannot afford to pay private money managers but whose income or assets exceed the income eligibility requirements set by many providers.

Agencies' reluctance to offer the service has also been explored. The 1993 survey by the Reingold Institute's Elderly Financial Management Project revealed that 72% of the agencies surveyed had never offered, nor planned to offer, DMM despite the fact that most (83.9%) had encountered cases of financial abuse. To a great extent, this reluctance can be attributed to concerns about legal liability (owing to the primacy of this concern, it is covered in a separate section). Other legal, ethical, administrative and clinical challenges faced by DMM programs are described below.

Consent issues

Because the need for daily money management often results from cognitive impairment, clients' decision-making capacity is likely to be in question at the time referrals for DMM are made, raising concerns about whether clients are legally capable of consenting to the service. Because there are no universally accepted standards or definitions of mental incapacity or what constitutes incapacity to consent to services, agencies must often use their own best judgment. Clients' cognition may also decline once they have started to receive services; in some cases, the decline is gradual, making it difficult to measure or document. The consequences of inadvertently obtaining consent from clients who lack decision-making capacity, or continuing to serve clients who have lost decision-making capacity, is a troubling prospect for many DMM providers. In response, many have developed policies or procedures for assessing decision-making capacity and obtaining client consent. Some, for example, ask capable clients to sign "advance directives" permitting the agency to continue providing services in the event that the client loses decision-making capacity in the future.

Ethical considerations

The decision to provide DMM raises fundamental and troubling questions for agencies (Congress & Chernesky, 1993). Most agencies that serve the elderly have a strong commitment to protecting client autonomy and self-determination. For that reason, providing involuntary services such as representative payeeship or guardianship may be met with strong aversion by staff. Managing clients' money may further place workers in the position of having to balance concerns about clients' freedom, health and safety on a day-to-day basis. They may, for example, be troubled when clients use their discretionary funds for such things as purchasing alcohol or giving money away to others when their own needs are not being met. Decisions about how much control to exercise are rendered even more difficult by workers' concerns that their decisions will be scrutinized or judged negatively by third parties. Charging fees to clients against their will or without their permission (e.g. collecting allowable fees for representative payees), particularly when clients have limited funds, may also raise ethical concerns.

Logistical challenges

Ensuring that DMM clients have sufficient cash on hand to meet their day-to-day needs, but not enough to render them vulnerable to theft, loss, undue influence or trickery, may require disbursing small quantities of cash at relatively short intervals, a practice that can be time-consuming and costly. Most agencies are not set up for such frequent and direct involvement in clients' day-to-day lives, requiring them to create new systems to meet clients' needs.

Client resistance

Clients who stand to benefit from DMM may refuse services owing to fears about losing control of their money, stigma and aversion to having their cognitive abilities scrutinized by strangers. Many are unwilling to pay for the service, even if they find it valuable (Wilber and Cedano, 2002).

Clients' complex, multiple and changing needs

As DMMs become involved in clients' day-to-day lives, they are likely to encounter multiple, complex problems, some of which are unrelated to finances. Workers may lack the resources, expertise or authority to resolve these matters; however, referring clients to other agencies may not be appropriate, particularly during crises, when delays may jeopardize clients' safety. Some DMMs require clients to have responsible parties, case managers or others who can assist with non-financial problems that arise.

Cultural considerations

Attitudes about money, debt, how resources should be spent, and financial responsibilities of family members are shaped, to a great extent, by cultural values and expectations. These factors may further influence clients' willingness to accept services and disclose financial information. They dictate how clients want to spend their money. Failure to understand clients' cultural orientation and beliefs may reduce workers' effectiveness.

Unavailability or expense of liability insurance

DMM providers may not be able to secure or afford adequate insurance coverage. Some are able to protect themselves against some liabilities and not others (e.g. coverage against staff malfeasance is easier to obtain than coverage against mistakes or accidental loss). Many providers do not understand coverage and benefits, making it difficult to evaluate and select policies.

Conflicts of interest

Agencies that offer DMM may provide other services that could benefit clients. They may, however, be prevented from providing services (particularly fee-generating services) if doing so would pose (or be perceived as) conflicts of interest. The alternative of having more than one agency or provider involved with a single client can create problems in coordination.

A Closer Look at Liability

Although concerns about liability are not unique to DMM programs, the service appears to provoke greater anxiety than most. A groundbreaking study on the legal liabilities of “alternative-to-guardianship” services (Kapp, 1996; Kapp & Detzel, 1992) revealed that DMM, along with transportation, create the greatest anxiety for service providers. It is also among the services most likely to be eliminated.

When AARP (1996) asked DMM providers to list their top liability fears, they cited employee mistakes or wrongdoing most frequently (50%), followed by loss of clients’ funds (42%) and the costs of defending lawsuits (41%). The fear of lawsuits is of particular concern to many executive directors and board members. The JRI study (1994) also explored DMM providers’ liability concerns. It identified providing services to clients who are unable to consent as the greatest concern (cited by 68% of respondents), followed by concerns about the cost of defending lawsuits (42%), and bad publicity (42%).

To determine whether anxieties about lawsuits are justified, Kapp and Detzel (1992) conducted a search to identify published cases in which providers of alternative-to-guardianship services (including DMM) were listed as defendants. None were found. The authors concluded that service providers’ anxieties about liability were based, to a great extent, on misperceptions and lack of knowledge about risks, applicable statutes and the parameters of their own coverage. They caution, however, against assuming that service providers are immune from liability, pointing out that existing laws in nearly all jurisdictions permit claims to be brought against service providers and volunteers. They further suggest that achieving a clearer understanding of liability can lead to proactive risk management strategies and go on to present a detailed discussion of the theoretical basis of liability; the various legal theories that are likely to arise; and applicable defenses, immunities, statutory protections and strategies for reducing risk.

AARP also asked DMM providers about their actual

experiences with lawsuits. Fewer than 10% of the programs reported that they had ever been seriously threatened with lawsuits, 6% had actually been sued, and one percent had lost suits. The chances of being threatened with lawsuits were shown to be significantly greater for government programs and programs that had been in existence for more than 10 years (AARP, 1996).

Types of liability

Liability is usually based on a legal responsibility or duty that a service provider has to a client, paid or volunteer employee, or third party. When clients entrust agencies or service providers with control of their financial assets, it establishes a fiduciary relationship. Regardless of whether the agreement is written or verbal, the fiduciary is required to manage clients’ money and assets properly, faithfully, competently and in accordance with all applicable laws.

Most civil lawsuits brought against service providers are “contract actions,” which are claims that agencies or individuals broke written, oral or implied promises. To be legal, agreements or promises must be made between parties who have decision-making capacity. “Implied agreements” refer to situations in which the parties logically assume that promises have been made based on actions or words. For example, a DMM provider may start helping a client with budgeting or bill paying. Similarly, agencies may assume that clients have agreed to services based on such actions as supplying financial information.

“Tort claims” compensate parties that have been intentionally or negligently hurt through malpractice, defamation, acts or omissions, etc. The principle objectives of tort cases are to compensate injured parties and “foster due care and diligence” by requiring the party causing the harm to pay for the damage. In tort cases, plaintiffs must establish that service providers had a duty to them, that their actions or inactions violated or breached the level of care that was owed, and that the failure of care caused damage or injury. Tort actions typically involve comparing the provider’s

actions, inactions or services to the actions, inactions or services provided by other service providers in similar circumstances or by calling in expert witnesses to explain applicable standards. Tort actions may result in higher judgments because they include recovery for pain and suffering and other non-monetary losses.

The two types of tort liability that DMMs are likely to face are misappropriation and negligent mismanagement of clients' funds (Kapp and Detzel, 1992). Examples of misappropriation include employees taking clients' money or property for their own use or benefit. Negligent mismanagement includes caring for clients' assets carelessly, mismanaging funds or taking inappropriate risks. Employers can also be held liable for negligent employment practices such as hiring or retaining incompetent employees in situations that create the risk of harm to others. Agencies can also be held liable for harm or damage caused by volunteers, although lawsuits against volunteers are rare. Service providers can face additional potential liability for negligently referring clients to other service providers who practice in a substandard manner and for violating state and federal laws and regulatory standards.

Liability may be personal or "vicarious." Personal liability holds people responsible for their own negligent acts or misdeeds. Vicarious liability holds parties who did not actually commit the deeds liable for the acts of others who were acting on their behalf. For example, employers and supervisors may be held liable for the acts and omissions of their employees or volunteers. Corporate liability holds a business entity or organization liable for the harm it caused others. Governing boards and trustees can have lawsuits brought against them for failing to exercise the level of care, skill and diligence practiced by other similarly situated boards and trustees.

Defenses against liability claims

There are two types of defenses against liability claims, denials and affirmative defenses. Legal denial says, "I did not do what I am accused of." For example, providers may argue that they did not have a duty toward a plaintiff because the plaintiff was not a client. In affirmative defenses, defendants admit that plaintiffs' allegations are true, but contend that there are good reasons why they should not be held accountable. For example, a service provider may claim that a client was aware of a risk and chose to accept it, thereby excusing the service provider.

Meeting the Challenge: Recommendations and Best Practices for DMMs

As the field evolves, agencies that provide DMM have instituted numerous practices and strategies to meet the challenges described earlier. The following recommendations draw from the scant literature on DMM and discussions with experts in the field (see References).

Develop written policies, procedures and protocols for handling client finances that insure maximum protection. Include:

- Third-party reviews of cancelled checks and bank statements. Cancelled checks and bank statements should also be routinely compared to approved budgets.
- Separate staff duties and functions to ensure “checks and balances.” For example, an agency may assign one worker to open clients’ mail and another to write checks. Make sure that someone other than the person who handles deposits and withdrawals reconciles bank accounts.
- Require two people to sign checks.
- Agencies that provide other (non-DMM) services to clients (e.g. case management) should assign a different person (not the case manager) to dispense funds. In addition to reducing risk, this is helpful in preserving client/case manager relationships.
- Require detailed documentation of all financial decisions and transactions.
- Require volunteers and workers to get receipts when delivering cash.
- Establish advisory committees to oversee operations and risk management. Members to include are professional fiduciaries, attorneys, auditors, representatives from the Social Security Administration, physicians and others.
- Establish external monitoring mechanisms such as field visits and independent audits.
- If it is necessary to terminate services to a client (even if the client or their advocate initiates the termination), use caution in doing so and carefully explain the ramifications. If the agency initiates the termination, explain the reasons verbally and in writing. Make referrals to other trusted providers.

Institute human resource practices that ensure maximum protection

- Develop formal policies for hiring new employees.
- Conduct reference checks on all staff and volunteers and criminal background checks when available. Credit checks may also be advisable, if available.
- Persons who handle money should be “business-wise” and knowledgeable about standard bookkeeping principles. Whenever possible, agencies should hire trained bookkeepers or trained fiduciaries. If this is not feasible from a financial standpoint, workers who manage money should be given specialized training and on-going support.

Secure adequate insurance and bonding

- Agencies that want to start DMM programs should contact their insurance carriers, explain the program and see if they can attach riders to existing policies. Insurance companies will want to know what risk management practices are in place and will often provide advice about good practices. Programs that are starting up and do not have carriers can check with other area non-profit agencies for referrals. Non-profits in some areas have purchased insurance as a group. A variety of resources exist for non-profit agencies. Check your local telephone directory and the agencies listed under “Model Programs and Resources.”

Develop practices for assessing and documenting client decision-making capacity and consent

- When enrolling clients, or soon afterward, discuss what they want to happen in the event that they lose capacity. Some agencies ask clients to sign advance directives, durable powers of attorney, or consent forms that authorize the agency to continue providing service in the event the client loses capacity. Agencies should further discuss clients’ preferences and values with respect to how they want their money used.
- Carefully observe and document clients’ capacity at the time contracts are signed and afterwards. Things to look for include their ability to understand and process information, make decisions regarding their lifestyles that are consistent with their beliefs and values over time, communicate their decisions, carry out activities of daily living, and direct others to carry out their wishes with respect to meeting their needs for food, clothing, shelter and medical care.
- Consult with attorneys or other experts to develop methods for determining whether clients are able to consent to services. For example, some agencies ask clients whether they want services at three separate points during an intake interview to see if the responses are consistent. Others explain consent forms or powers of attorney during one visit but ask clients to sign the documents on a different day. Agencies should

arrange for further assessment when clients' responses vary or workers have questions about clients' decision-making capacity.

- Engage in team decision-making (with two or three trusted colleagues) when making important decisions about clients whose decision-making capacity is in question.
- Communicate regularly with clients and their families regarding the services being provided.

Other risk management practices

- Develop relationships with community banks. If banks are familiar with DMM programs and their staff, they are more likely to help and to contact programs when they identify problems.
- Stay apprised of “industry standards” by learning about practices used by other DMM programs in the community and participating on multidisciplinary teams or ethics committees.
- Use standardized protocols (e.g. the Philadelphia Corporation on Aging’s protocol, described in Model Programs and Resources) that have been validated.
- Institute automated bill paying to reduce errors.

Responding to other challenges

- Client resistance to DMM may be overcome by providing opportunities for potential clients to meet staff through clinics, bill paying sessions or informational presentations.
- When developing programs, consult with potential consumers about their preferences with respect to what services are called, how they are organized, etc.
- Raise awareness among policymakers about the need for money management services.
- Advocate for new and expanded services and policies that offer greater protection to clients and agencies.
- Advocate for research and program evaluations to demonstrate the need for, and benefits of, DMM.
- Advocate for states to assist in securing background checks on employees and volunteers (e.g. authorize or pay for criminal background checks).
- Starting DMM programs in senior housing complexes and retirement communities can reduce staffing costs by reducing travel time. It can also provide a supportive and protective network for clients, as unscrupulous business people and other predators often “work” neighborhoods, going from one neighbor to another.

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The author gratefully acknowledges the contributions of the following individuals in preparing and reviewing the preceding sections:

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PART 4: **Model Programs and Resources**

MODEL PROGRAMS

Delaware's Financial Management Program

In 2001, the state of Delaware passed legislation directing the Division of Services for Aging and Adults with Physical Disabilities to establish a program offering representative payeeships and bill payer services to low-income clients. It further provides for criminal background checks, at the state's expense, and access to state abuse, neglect and financial exploitation registries. It requires the Division to adopt criteria for disqualifying people from serving as bill payers or representative payees and establishes sanctions for failure to fully disclose information needed to obtain registry or criminal background checks. The program is described in Delaware code §7920A. Division of Services for Aging and Adults with Physical Disabilities; Money Management Program.

Elder Abuse Prevention's Money Management Program

When another agency in Alameda County, California announced it was going to discontinue its AARP-affiliated DMM program, Elder Abuse Prevention (EAP), a consortium of agencies that spearheads service coordination, professional training, outreach, program development and advocacy efforts, took over the program. Today, the program serves approximately 30 clients a year who are described by staff as the "most desperate self-neglect cases," as well as persons who have been financially abused or are at risk of abuse by family members.

Although the program follows AARP guidelines, it places a somewhat heavier emphasis on elder abuse

prevention. For example, training for volunteers includes instruction in identifying and reporting abuse, and problem cases are likely to be reviewed by EAP's multidisciplinary team.

The program collaborates with two other local DMM programs in fundraising and advocacy. Among the issues they plan to support is the development of a statewide program patterned after Delaware's (see above). They also plan to appeal to the state to increase the public sector's role in DMM (prior to a major property tax reform bill passed in 1978 that led to massive retrenchments, many county social service departments around the state had offered the service).

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To supplement its comprehensive care management and home care program for seniors, JFCS offers a continuum of money management options, which include bill paying, representative payeeship, durable powers of attorney, and conservatorship. Offering diverse DMM options and coordinating them with other critical services enables JFCS to tailor services to clients' individual needs, offer the least restrictive alternative, and provide for smooth transitioning as clients' needs change.

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The Massachusetts Money Management Program

This program is the largest DMM program in the country and the only one that provides statewide coverage. In collaboration with AARP, Massachusetts Home Care, and the Massachusetts Executive Office of Elder Affairs, it serves 1072 seniors with the help of 1000 volunteers who are AARP trained, insured and supervised. The program works in conjunction with the state's 27 "Aging Services Access Points" (ASAPs), which provide case management to low income seniors. ASAPs currently receive \$15,089 from the state to support their DMM programs, which are typically located in the same offices as their case management programs. Case managers are the source of many referrals and often alert money management staff to problems they discover during routine client visits. Statewide management of the program is provided by a full-time coordinator, a part-time assistant, and a half-time senior aide. The state provides free criminal background checks for volunteers through the Criminal Offender Record Information (CORI) program, a statewide system that checks the histories of all service providers and volunteers who have unsupervised contact with vulnerable clients.

In some communities, the DMM programs recruit bank employees as volunteers, with some banks allowing employees to volunteer during normal working hours under their Community Reinvestment Act requirements (an act passed by Congress in 1977 to encourage depository institutions to help meet the credit and financial service needs of the communities they serve). In addition to working directly with clients, bank volunteers may monitor other volunteers or serve

on advisory boards. The program plans to expand to serve clients with higher incomes than those now allowable by AARP.

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Southern California Presbyterian Homes Financial Services Program

This project is a collaboration of three organizations: Southern California Presbyterian Homes (SCPH), which provides supportive and low-income housing; Saint Barnabas (SB), a multiservice senior center in downtown Los Angeles; and the University of Southern California (USC). SCPH initiated the collaboration with SB when it recognized that residents needed DMM. Although SCPH is required to offer social services to residents under its Housing and Urban Development (HUD) requirements, it is restricted from providing DMM. SCPH now contracts with SB to provide financial education, checkbook management, budgeting, debt counseling, advocacy and surrogate decision-making. Depending on clients' needs, the agency may serve as attorney-in-fact, representative payee, and, as a last resort, conservator for SCPH residents. Although some problems with coordination between SB and SCPH were initially encountered, they were subsequently resolved.

USC provides an evaluation component, which was designed to shed light on client characteristics associated with the need for DMM. Factors being explored are depression, activity limitations, financial hardship and executive function (the "higher-order" cognitive processes that involve such skills as the ability to plan for the future). The evaluation provides insight into the special needs of SCPH's distinctive population (of the 92 clients who have participated in the study, 14 are from Armenia and 17 are Hispanic), which include the need for education about American financial manage-

ment practices and assistance with translating financial documents. Many residents were also in debt when the program started as a result of aggressive marketing in the area by credit card companies, creating a greater demand for debt counseling than had been anticipated.

The impact of the DMM services is also being explored. Outcomes that are being evaluated include reduced incidence of fraud and financial exploitation, an increase in bills being paid on time, and increased entitlement money secured for clients. Preliminary findings have revealed high levels of client satisfaction, with most clients indicating that they had formed close and trusting relationships with their financial assistants and had gained independence as a result of the services. Thirty-six out of the 42 clients who were contacted for follow-up indicated that they would recommend the program to a friend. Of note, however, is that despite high levels of satisfaction, many clients (37%) would be unwilling to pay for the service (it was provided free during the evaluation) and 16.7% were unsure.

Project personnel also noted an initial reluctance by clients to accept DMM services, and several approaches to encourage residents to use the service were tried. One that was found to be effective was instituting monthly “bill paying sessions” at the sites to familiarize residents with staff and to provide an opportunity for staff to identify clients who needed additional help.

The project will produce a variety of materials, which will be available to other communities, including a video on basic check writing (with English, Spanish and Armenian versions) and a “how-to” manual to assist communities replicate the program (available by the end of 2003).

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Western Montana Chapter for the Prevention of Elder Abuse

This affiliate of the National Committee for the Prevention of Elder Abuse serves five counties in mid-eastern Montana. It is one of three affiliates in the state, which were created, in part, to provide support to local APS programs. Responding to the area’s urgent need for DMM has been a top priority for the program since its inception in 2000. Prior to that time, APS had offered the service; however, with heavy caseloads, workers found that paying clients’ bills often took a back seat to more urgent needs. Many referrals to the program now come from APS and include victims of financial abuse and self-neglecting clients.

Headquartered in Missoula, the program currently serves 25 clients and is opening a second office in Kalispell. Day-to-day activities are handled by two part-time bookkeepers, with oversight provided by the affiliate’s chairperson (an APS supervisor) and treasurer. A committee, which includes an attorney and representatives from the group’s board of directors, APS, and a program that serves people with disabilities, meets quarterly to provide additional oversight and assist with decisions about clients’ fees and placements (the program provides guardianships of person for several clients).

The program is supported by fees, most of which are paid by third party payers including APS, Medicaid waiver programs and programs for people with developmental disabilities. Fees for providing representative payeeships (as authorized by the Social Security and Veterans Administrations) are collected for those clients who can afford to pay. A special grant enables the program to serve indigent clients.

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RESOURCES

AARP Money Management Program

Since 1981, AARP has recruited and trained members to serve as volunteer DMMs for low income and disabled persons. Working under the supervision of state and local social service agencies, including area agencies on aging, Retired Senior Volunteer Programs, state units on aging and senior centers, the volunteers assist with bill paying or serve as representative payees. In a few cases, volunteers are also given power of attorney to manage the finances of representative payee clients who have additional income besides that which is covered under payeeships.

Agencies become AARP partners by signing agreements to monitor, train and supervise the volunteers. They are further required to follow strict procedures for third party reviews of bank statements and checks. Volunteers sign conflict of interest statements and agree to abide by certain rules such as not accepting gifts. Currently, AARP works with 125 state and local programs but is moving toward a model in which it will interact exclusively with state coordinators who will assume responsibility for overseeing local programs. AARP has produced a handbook for program managers, which contains income and expense worksheets, instructions for setting up and monitoring accounts, sample needs assessments, descriptions of public benefits programs, sample letters to creditors, job descriptions for coordinators and volunteers, instructions for volunteer management, training materials, risk management measures, timelines for setting up programs, and many other useful materials.

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AARP

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American Association of Daily Money Managers

This membership organization was created to promote the development of DMM programs and ensure that

services are provided in an ethical and professional manner. It establishes practice standards, provides information and education to members, and helps consumers find and screen DMM providers.

American Association of Daily Money Managers

P.O. Box 8857

Gaithersburg, MD 20898

301.593.5462

www.aadmm.com

Elderly Financial Management Project

In 1993, the Brookdale Center on Aging of Hunter College established the Reingold Institute to address elder abuse. Among its first initiatives was conducting a survey of case management and health care providers in New York City to solicit information about their experiences with financial abuse and DMM. The survey revealed that while nearly 83.9% of the participating agencies had encountered cases of financial abuse, fewer than one-third were offering DMM. Staff concluded that elder financial abuse could be reduced by promoting the development and expansion of DMM. To that end, the Institute developed a program of training and technical assistance.

The center recently received a grant from the Manhattan Borough President's Office to focus attention on Manhattan agencies. Under the grant, project staff will develop an information brochure, which will be sent to all agencies in Manhattan that provide case management or other services to seniors, explaining why they should consider providing DMM. Other plans include a half-day conference for local agencies to provide an overview of the issues involved in setting up DMM programs, and a public hearing on the need for DMM. In recent years, the Center also started a program for student interns who were trained in DMM and assigned to community agencies where they assisted clients balance their checkbooks, pay bills and sort mail under the supervision of experienced social workers. While the program has been discontinued, it offers a

promising model for other communities.

The center has also produced a manual, *Daily Money Management: a "How To" Manual for Care Management Agencies*. Written by Senior Staff Attorney Debra Sacks, J.D., who directs the Reingold Institute and is an expert in the field, the publication describes supportive and surrogate financial services, legal liability principles, safeguards for preserving clients' valuables, and risk management strategies (Pub# 121, price \$29.95).

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Problems With Money Management: Clinical Protocol Series for Care Managers

Produced in 1995 by the Philadelphia Corporation on Aging, this 8-minute video and in-depth training booklet describes a range of DMM options from assistance with bill paying to long-range financial planning. It further helps care managers assess clients' need for DMM and guides them through the process of case planning, selecting interventions and follow-up monitoring. It provides decision trees, discussion questions and case examples.

The Philadelphia Corporation for Aging

Action Duplication

555 North Lane, Suite 5075

Conshohocken, PA 19428

215.765.9000

National Guardianship Association

The mission of NGA is to establish and promote nationally recognized standards of excellence in guardianship. It certifies guardians at two levels of competence, "Registered Guardians" and "Master Guardians." To qualify, applicants must demonstrate

proficiency in applying the organization's ethical and practice standards.

National Guardianship Association

1604 N. Country Club Rd.

Tucson, AZ 85716-3102

520.881.6561

www.guardianship.org

The Risk Management Resource Center

This website, a collaborative effort of the Public Risk Management Association (PRIMA), the Non-profit Risk Management Center (NPMC), and the Public Entity Risk Institute (PERI), includes an online library, tutorials and "briefs" on a variety of topics related to risk management, including preventing fraud by employees and volunteers, interviewing techniques, criminal background checks and understanding the Volunteer Protection Act (provides immunity for volunteers serving non-profit organizations or governmental entities for harm caused by their acts or omission). www.eriskcenter.org.

VolunteerSelect

ChoicePoint, a for-profit company that provides pre-employment and background checks, created *VolunteerSelect* as a special service to non-profits to help them screen potential volunteers who have access to vulnerable populations, including children and people with disabilities. *VolunteerSelect* is less expensive, quicker and more comprehensive than many public background check programs, does not require fingerprints, and is national in scope. It enables organizations to verify, through Social Security numbers, that job applicants are who they claim to be and to search ChoicePoint's database, which includes criminal conviction records and sex offender registries. Motor vehicle records and county courthouse searches are also available. Eligible organizations can learn about the program at www.volunteersselect.com.

ADDITIONAL PUBLICATIONS ON ELDER ABUSE

Other publications on Elder Abuse and related topics produced by the Institute on Aging for the National Center on Elder Abuse:

- *Developing Training Programs on Elder Abuse Prevention for In-Home Helpers: Issues and Guidelines* (2002)
- *Preventing Elder Abuse by Family Caregivers* (2002)
- *Mental Health Issues in Elder Abuse* (2000)
- *Helping Hands: The Role of Adult Protective Services in Preventing Elder Abuse and Neglect* (2000)
- *Forgotten Victims of Elder Financial Crime and Abuse: A Report and Recommendations* (1999)
- *Victims' Rights and Services: Assisting Elderly Crime Victims* (1999)
- *Prosecution and Protection: Understanding the Criminal Justice System's Role in Preventing Elder Abuse* (1998)
- *Communities Uniting: Volunteers in Elder Abuse* (1997)
- *Financial Abuse of the Elderly* (1996)
- *Older Battered Women: Integrating Aging and Domestic Violence Services* (1996)
- *To Reach Beyond Our Grasp: A Community Outreach Guide for Professionals in the Field of Elder Abuse Prevention* (1995)
- *Building Partnerships: A Guide to Developing Coalitions, Interagency Agreements, and Teams in the Field of Elder Abuse* (1995)

Also available from the Institute on Aging:

- *Serving the Older Battered Woman: A Conference Planning Guide* (1996, \$30)
- *Domestic Violence and the Elderly: A Cross Training Curriculum* (1998, \$20)
- *Video: When Help Was There: Four Stories of Elder Abuse* (2000, \$79.99)

BROCHURES

(Contact IOA for price information)

- *A Fact Sheet on Caregiver Stress and Elder Abuse* (2000)
- *Preventing Stress from Becoming Harmful: A Guide for Caregivers* (2000)

Please make checks payable to:

Institute on Aging

(Federal tax Identification Number
94-2978977)

Attention:

Elder Abuse Prevention Program
3330 Geary Boulevard
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Phone: 415.750.4180 Ext. 222

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