REFERRAL FORM FOR POTENTIAL CASES OF FINANCIAL EXPLOITATION

Purpose: Use this form to refer any potential case of financial exploitation involving the elderly or adults with disabilities to the Compliance Department.[1].

Instructions: *Complete the entire document (enter "N/A" for fields that are not applicable). All referrals regarding potential cases of financial exploitation must be sent to the Compliance Department within twenty-four (24) hours of identification. ALL referrals must be submitted via* ***TSACompliance@ssspr.com.***[2]

SECTION A: Information regarding the potential victim of financial exploitation

Insured name:

Physical address:

Postal address:

Phone: (if it is the suspect's phone number, confirm here)

ID Number/Contract:

Name of the plan in which the potential victim is subscribed:

Age:

Sex:

Know health conditions:

SECTION B: Information on the suspect who allegedly committed potential financial exploitation

Suspect name:

Physical address:

Postal address:

Phone:

Relationship with the victim:

Age:

Sex:

SECTION C: Nursing Home/Facility information (applies only if a nursing home or a facility for the disabled adult is involved):

Home name:

Physical address:

Postal address:

Phone:

Representative's name: (Ex. Director, Social worker)

1 It applies only to elderly persons or adults with disabilities who are over the age of 60.

2 Compliance addresses only potential cases of financial exploitation (where the suspect use the income, assets, or insurance benefits of an elderly or disable adult for their own gain; (ex. use of ComboCard benefits or the member's OTC benefit).

SECTION D: Situations or activities constituting potential financial exploitation.

- ☐ Use of an elderly or disabled adult's insurance benefits for the benefit of the person suspected of financial exploitation.
- ☐ Forgery of the signature of an adult with disability or an elderly person.
- ☐ Conducting insurance transactions (reimbursements, claims, premium refunds, money withdrawals) without the authorization of an elderly person or adult with disability.
- ☐ Misappropriation of funds, assets, or property belonging to an adult with disability or an elderly person.
- ☐ Other:

SECTION E: Facts and Allegations

1. Who contacted TSA/TSS? If it is not the member, does he/she have a PHI?:
2. What is the relationship to the member?:
3. Is there evidence of legal guardianship? Who is listed as the guardian, if applicable?:
4. On what date did the person alleging possible financial exploitation contact TSA/TSS?:
5. How was TSA/TSS contacted? (ex.Call Center, Service Center, authorized representative)
6. What was the purpose of the communication with TSA/TSS?

Allegations: *(Describe in detail all the information and allegations shared by the person reporting the possible case of financial exploitation)*

SECTION F: Actions taken

- ☐ Cancellation of ID Card or Combocard *(applies only if the person submitting the referral is a Customer Service Representative)*
- ☐ Change of member's address *(applies only if the person submitting the referral is a Customer Service Representative)*
- ☐ Issuance of a new ID card or Combo card *(applies only if the person submitting the referral is a Customer Service Representative)*
- ☐ Other:
- ☐ Referred to SIU Unit
- ☐ Referred to Case Management [3]
- ☐ Referred to 9-1-1
- ☐ If it is alleged that the ComboCard was not received, provide evidence of the address to which it was sent and of the person who activated it. *(applies only if the person submitting the referral is a Customer Service Representative)*
- ☐ Was the case referred to a government agency?

  Agency name:

  Date of referral to the agency:

3 If the referral does not involve a potential case of financial exploitation, but a case of abuse or neglect of an elderly and/or disabled adult that does not include an element of financial exploitation, it must be referred to case management, NOT to Compliance.

SECTION G: Evidencia incluida con el referido

☐ Screenshots of Combocard transactions *(from the date the coverage was activated)*

☐ Screenshots of purchase transactions using the OTC benefit *(from the date the coverage was activated)*

☐ Other:

SECTION H: Information regarding the TSA/TSS employee referring the potential case of financial exploitation to Compliance

Employee name:

Position:

Date of submission to Compliance Department: