

MOST COMMON ERRORS on PLAN & ACCOUNTING SUBMISSIONS

PLANS

IN RE: GUARDIANSHIP OF:			
Guardianship Type:	Choose an item		
Case Number:			
For the period:	mm/dd/yyyy	through	mm/dd/yyyy
Guardianship Inception Date:	mm/dd/yyyy		
Order of Incapacity Date:	mm/dd/yyyy		
Guardian Name:			
Co-Guardian Name:			
Attorney Name:			
Amended:	Choose an item		

- 1) Being submitted on our previous form version.
- 2) The following sections within the above screenshot being filled out with incorrect information and/or not being filled in at all.
 - IN RE: GUARDIANSHIP OF: This would be the Ward’s full name
 - Guardianship Type: (stated on the Letters of Guardianship)
 - The Guardian would need to click on “Choose an item” and then again on the arrow beside this section. This will then bring up a list from which the appropriate selection can be made.
 - Case Number: This should consist of the 4 digit year, either GA or MH (now used only on older mental health cases), and the individual number assigned to the particular case.
Examples: 2021 GA 65
 2013 MH 129
 - For The Period:
 - Examples: If the Guardian Inception Date (GID) is 03/07/2015
 - Initial Plan period would be 03/07/2015 to 03/31/2016—GID through the end of the same month of the following year.
 - Annual Plan periods going forward would then be 04/01/XXXX to 03/31/XXXX.
 - Guardianship Inception Date:
 - This is the date of Letters of Plenary Guardianship, Guardian Advocacy, etc. of the Person.
 - Order of incapacity Date:
 - If the Ward has not been ordered as totally incapacitated, or has been ordered as developmentally disabled, this should be left blank.
 - Amended:
 - If an original submission, this should be answered as No.
 - If corrected pages are submitted, the appropriate choice would then be selected such as First, Second, etc.
- 3) Item 1. – The places the Ward has lived (resided) during the prior 12 months:
This inquiry is regarding the **preceding** 12 months.

- If the plan period is 02/01/2018 to 01/31/2019, this would then be answered as **From:** 02/01/2017 **To:** 01/31/2018 OR, if the Ward continues to reside at the same address, you may simply leave the **To** date blank.
- If the Ward’s address has changed during the prior 12 months, all information for each address where the Ward has resided must be entered.

- 4) Item 5.H. regarding health and accident insurance/private or governmental benefits:
- Verify that the correct items are checked
 - Verify that the correct option has been checked using the following as a guide.
 - Eligible – already receiving
 - Applied – in the process of and/or awaiting approval
- 5) Item 8. regarding the Ward’s rights – Verify as being correctly checked according to the Letters of Guardianship. If a right has not been listed on the Letters with full power given to the Guardian, this right is “Not Removed” from the Ward and should be entered as such.

- 6) Item 10. regarding Activities of Daily Living (ADLs):
- Answers selected do not coincide with prior plan. OR, if the Ward has incurred a large difference in the ADL, simply make a notation to verify as correct.

Example:

<u>Activities of Daily Living (ADLs)</u>	<u>Prior Plan</u>	<u>Current Plan</u>
A. - Eating	Ward cannot do at all	Needs No Help

- Answers selected do not coincide with the answers on item 11.C.

Example:

If Transferring (from wheelchair to chair/bed) is stated as “Ward needs some assistance” or “Ward cannot do at all”, then the assistive devices that are used by the Ward would need to be checked, or “Other” checked with an explanation provided.

- 7) Physician’s Report – Per Statute 744.3675 (1)(b)2., the report of a physician who examined the ward **no more than 90 days before the beginning of the applicable reporting period** is required.

- The report must contain an evaluation of the ward’s condition to include a diagnosis, recommended treatment, and prognosis.
- All items under Current Level of Capacity must be answered by the physician.
- The physician’s printed name, signature, date of exam, and address are needed.

- 8) Item 13. regarding DNR or Advanced Directives

- If the Ward does not have a DNR or any Advanced Directives, not only the first box attesting to this will need to be checked but any boxes that apply for steps taken to verify this will need to be checked as well.
- The DNR document should be submitted with the first plan after its creation for verification.
- An order approving must be acquired if a DNR was established after the GID.

- 9) Certification and Signature of Guardian(s) page:

- At least one (1) certification should be checked. If none apply, provide a simple explanation.
- “The Ward was declared totally incapacitated...” should not be checked if they have not been.
- Include all information in the middle section of this page regarding “Unless the Ward is a minor or totally incapacitated, I certify that the foregoing document has been furnished...” by using the following as a guide,
 - **to:** Ward’s name
 - **at:** address where delivered
 - **by:** method of delivery – in person, e-mail, etc.
 - **on:** date of delivery
- Be sure to date your signature
- Be sure to provide your signature

10) Certification and Signature of Co-Guardian page:

- Be sure to date your signature
- Be sure to provide your signature

11) Certification and Signature of Guardian’s Attorney page:

- The attorney must date their signature
- The attorney must provide their signature

ACCOUNTINGS

- 1) Being submitted on our previous form version.
- 2) Guardianship Type: (stated on the Letters of Guardianship)
 - The Guardian would need to click within this box and then again on the arrow beside this section. This will then bring up a list from which the appropriate selection can be made.
- 3) “For The Period” dates entered incorrectly.

Examples:

Guardian Inception Date (GID) of 03/07/15

 - Initial Inventory would be 03/07/15
 - Letters of Plenary Guardianship /Guardian Advocacy of the Property
 - Annual Accountings
 - First Annual- 03/07/15-03/31/2016
 - Thereafter-04/01/XX to 03/31/XX
- 4) Beginning Balance from Prior Accounting Period stated incorrectly.
 - Must use the Total Assets/Liabilities at Close of Accounting Period figure from the previously **approved** accounting.
- 5) Income, Disbursements, Cash Assets, Ending Balances and/or Ward’s Value(s) figures stated incorrectly.
 - Bank Statements provided do not cover the entire accounting period or provided for incorrect dates.

- Invoices, receipts and/or cancelled checks have not been provided for verification.
- 6) In order to expedite the review process, the below practices should be applied in accounting submissions.
- The provided bank statements and Totals/Ending Balances for each section should coincide with the Period Ending Date stated on page 1.
- *This is not an error, but is most helpful to submit bank statements, cancelled checks, and supporting documentation in chronological order from beginning of the period to the end of the period, instead of as from end of the period to the beginning of the period or totally out of sequence.
- Example:
Accounting period is 05/01/2020-04/30/2021 – Submit the 05/01/2020-05/31/2020 as the first bank statement with cancelled checks.
- 7) Capital Adjustments not being reported correctly:
- If an asset is acquired/sold or has increased/decreased in value, this item should be entered on this page with a Description of Adjustment (reason) as a Gain or Loss.
 - Any asset(s) discovered that were not listed on a prior accounting would be listed as a Gain.
- 8) Certification and Signature of Guardian(s) page:
- At least one (1) certification should be checked. If none apply, provide a simple explanation.
 - “The Ward was declared totally incapacitated...” should not be checked if they have not been.
 - Include all information in the middle section of this page regarding “Unless the Ward is a minor or totally incapacitated, I certify that the foregoing document has been furnished...” by using the following as a guide,
 - **to:** Ward’s name
 - **at:** address where delivered
 - **by:** method of delivery – in person, e-mail, etc.
 - **on:** date of delivery
 - Be sure to date your signature
 - Be sure to provide your signature
- 9) Certification and Signature of Guardian’s Attorney page:
- The attorney must date their signature
 - The attorney must provide their signature