

THE TRUST

Information & Procedures

TRUST B

Disclaimer

This document is distributed with the understanding that neither United Community Services Disability Pooled Trust, nor United Community Services of Greater New York, Inc. is rendering legal, accounting or other professional advice or opinions on specific facts or matters, and, accordingly, assumes no liability whatsoever in connection with its use.

Persons with disabilities and their families are strongly encouraged to consult with an attorney who has knowledge and expertise in the estate planning process as it pertains to the special needs of persons with disabilities.

© Copyright 2018 by UCS Trust Services

Reproduction or redistribution of part or all of the UCS Trust Information & Procedures content for commercial use is prohibited without the prior written consent of UCS.

Purpose of a Trust?

Qualifying for Medicaid with a surplus

The Challenge

Under current Medicaid Law in New York, monthly income in excess of the Medicaid Monthly income allowance must be spent down on medical or home care services before Medicaid will provide coverage. Unfortunately, the excess income cannot be spent on living expenses such as food, rent, clothes, and other expenses.

As a result, Medicaid recipients may not have sufficient income to cover their daily living expenses.

Budget Example

Income

| | |
|--------------------------------|------------|
| Social Security Income (Gross) | 1,250.00 |
| Pension | \$673.00 |
| Total Monthly Income | \$1,923.00 |

Deductions

| | |
|---|-----------|
| \$20 income deduction (for disabled, aged, blind) | -\$20.00 |
| Medicare Part B Premium | -\$134.00 |
| Medicaid Standard Allowance for one | -\$842.00 |
| Total Deductions | \$996.00 |

| | |
|--|-----------------|
| Income exceeds the Medicaid eligibility limit | \$927.00 |
|--|-----------------|

The Solution

A Pooled Trust is a legal tool used to help elderly and disabled people shield excess income for Medicaid purposes. By using a Pooled Trust, a disabled Medicaid recipient can keep almost all of his/her income, rather than having to pay a portion of it towards the cost of his/her care (e.g., for home care services).

How does the Trust Work?

Deposit your income exceeding the Medicaid eligibility limit into the UCS Trust

According to Federal Law, Medicaid recipients who deposit their excess income in a Pooled Income Trust will not be subject to the rules that generally apply to excess Income. The income deposited in the trust will not be counted as available income that needs to be spent down each month.

Use the Trust Funds to pay the bills of your monthly living expenses

By creating a Pooled Income Trust, the Beneficiary benefits from having the excess income available to cover expenses of daily living while also qualifying for Medicaid. Funds deposited in the trust can be used to pay the beneficiary's rent, utility bills, and other daily living expenses.

UCS can help you navigate the entire Medicaid process to get you the care you need quickly and efficiently.

1

Identify the best strategies to qualify for Medicaid covered services

2

Preparation and filing of your Medicaid application

3

Preparation of your Pooled Income Trust application (Joinder Agreement)

4

Establish a Pooled Income Trust account for your benefit

5

Submit your Joinder Agreement to the Surplus Unit to obtain a Pooled Trust Budget

6

Arrange for home care services to begin at the earliest possible date

7

Administer your Pooled Income Trust account in the most efficient manner

Please note; All Medicaid consultations and filing services are provided by third parties and may be subject to fees charged by those parties. UCS provides free referrals to qualified professionals who will assist you if necessary.

Who is the Trust?

The trust:

United Community Services Disability Pooled Trust is a supplemental needs trust established by United Community Services of Greater New York Inc., a non-profit charitable organization pursuant to federal and state law. The purpose of this Trust is to allow disabled individuals to transfer their monthly excess income (determined by Medicaid) to the Trust so as to become or remain fully eligible to receive governmental benefits.

The Trust is administered by United Community Services of Greater New York, Inc. and control of the Trust is in the hands of the Trustees appointed by that agency.

Our Mission

UCS Disability Pooled Trust Services was established to provide responsive and sensitive trust services, within a structure that preserves an individual's eligibility for Medicaid and other benefits.

United Community Services strives to enhance the quality of life and meet the needs of seniors and individuals with disabilities in our community.

Our mission is to provide personalized professional services that facilitate an independent and productive life experience for all individuals we serve.

What are the basic requirements for joining?

- ✓ Beneficiary must be disabled as defined by law. This typically includes age-related infirmities.
- ✓ The Trust Account must be established by the Beneficiary. A court appointed guardian or Power of Attorney are viable options too.
- ✓ The Trust account must be established solely for the benefit of the Beneficiary.

Eligibility:

The trust is open to all Individuals who reside in New York State and who are disabled as defined in Social Security Law §1614 (a)(3) [42 U.S.C. §1382c (a) (3)]. It is open to all disabled individuals no matter their religion, race, creed, color, ethnicity or sexual orientation.

Determination of Eligibility:

The Trust will not make a determination whether a disabled person is disabled as defined by law. The acceptance of a Joinder Agreement does not mean that an applicant has met all the eligibility requirements for a supplemental needs trust. It is the responsibility of the disabled beneficiary or his/her guardian to submit any required documents to Medicaid or any other applicable governmental agency to obtain approval.

Suitability:

The beneficiary and/or his/her guardian are solely responsible for determining whether this trust meets the needs of the individual. The trust is not privy to an individual's financial circumstances and cannot determine if the trust represents the optimal solution for a particular person. Expenses associated with the Trust may make it financially impracticable. Prospective beneficiaries should consult with their attorneys, accountants, or other advisors before depositing funds in the trust.

Joining UCS

Joining the trust is easy. A UCS enrollment specialist will guide you through the process to ensure a smooth and expeditious experience.

Our enrollment and monthly fees are economical and we strive to help you maximize the benefits of the trust.

Acceptance

The sub-trust account is established with submission of a completed Joinder Agreement, together with any other required information, and a check or money order of \$250.00 (enrollment fee) made payable to UCS Disability Pooled Trust, These should be mailed to :

UCS Trust Services
PO Box 190391
Brooklyn, NY 11219-0391

An application may take five (5) business days to be processed. The Trust will contact you if any further information is required or if the application is incomplete. The beneficiary or his/her authorized representative will be notified once the application has been accepted. In addition, the necessary forms and other information regarding the management of the sub-trust account will be provided.

Fee Schedule

Effective 03.01.2018

Enrollment fee

An initial enrollment fee of \$250.00 (non-refundable) is charged to establish an account.

Monthly fee

A monthly administrative fee will be charged to each sub-trust account. Currently, this fee is 10% of the required monthly deposit (determined by Medicaid). The minimum fee is \$30.00 monthly and cannot exceed \$250.00, regardless of the surplus deposit amount.

There are two payment options:

Option 1 (monthly)

The administrative fee is deducted from the sub-trust account monthly.

Option 2 (lump-sum)

The full administrative fee for the year is paid in advance. Should this option be selected, a 10% reduction will be applied. This lump-sum administrative fee is non-refundable.

Annual Fee

A renewal fee of \$100.00 will be applied annually. This fee will be deducted at the anniversary of the establishment of the account.

Other Fees:

In addition to the fees listed above, the following fees will apply:

| | | | |
|------------------------|----------------|---|----------------|
| Same-day processing | \$25.00 | Check returned for Insufficient Funds (ISF) | \$25.00 |
| Copy of Canceled check | \$10.00 | Electronic Funds Transfer convenience fee (EFT) | \$1.00 |
| Stop Payment | \$25.00 | | |

Note: Fees may be deducted from your surplus deposit, you do not need to add additional funds above your surplus to cover the fees.

What happens once I join?



You will receive a Welcome Packet with all the necessary material to manage your account.

UCS provides a variety of cutting edge tools, online and offline for simple trust management.

UCS provides hassle free account management with auto set up for processing of Deposits and Disbursements.

UCS provides efficient and expedient processing of disbursement requests to ensure timely payments.



Each account is assigned a Personal Account Manager

Your account manager will help you through the process of setting up your account and be available to answer any questions and concerns you may have.

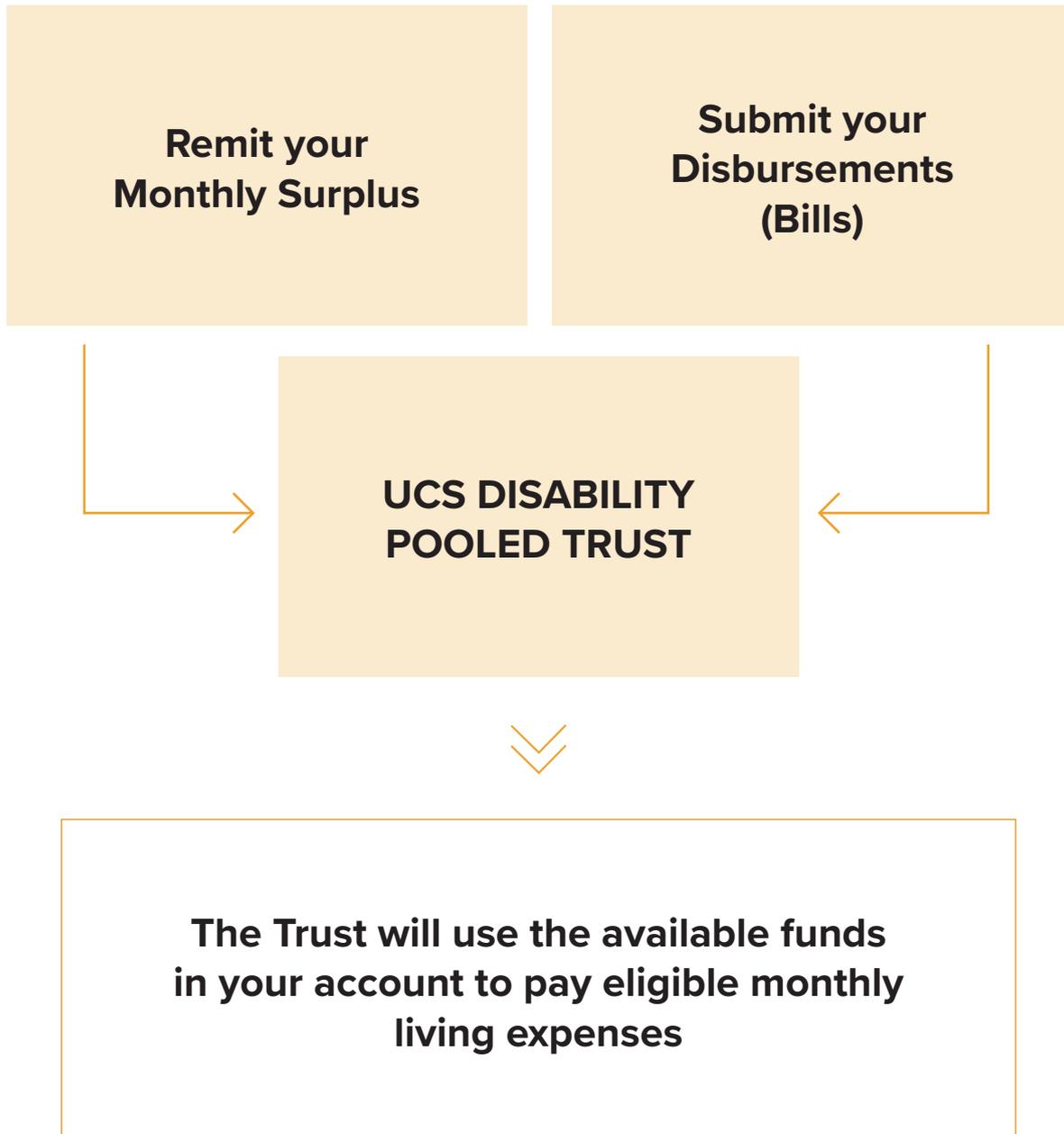


You will have the ability to manage your account online.

UCS is the only trust providing full online ability to make surplus deposits & disbursement requests.

How does it Work?

Each month you will need to;



Surplus Deposit:

Surplus Deposit must be from Beneficiary's account.

Beneficiary is required to remit his/her monthly surplus amount to the Trust anytime within the current month.

Deposits may be remitted via Mail, direct banking, online or debited automatically from the Beneficiary's bank account monthly. (See page 13)

Disbursements:

Disbursement requests may be submitted on a monthly basis via Mail, Online or disbursed automatically every month. (See page 14)

Fees:

Trust fees are deducted before requested disbursements; therefore, the amount available for use each month will be the current month's deposit less the monthly administrative fee.

Fees may be deducted from your surplus deposit. There is no need to add additional funds to cover the fees.

Monthly Account Balance:

No minimum monthly balance is required to keep an account active. However, when a zero (\$0) balance is maintained for sixty (60) or more consecutive days, the Trustees shall retain the right to close the Beneficiary's sub-trust account.

Reporting to Government Agencies:

It is the responsibility of the individual beneficiary or his representative to report account activity to the applicable governmental agency. However, upon the request of the appropriate party, the Trust will provide additional information needed for any reporting requirement.

Verification of Deposits:

Verification of deposit can be accessed from the beneficiary's account online or will be provided upon request.

Change in Status Events:

It is the responsibility of the individual beneficiary or his/her representative to notify UCS Trust Services about any Status Event Changes of the Beneficiary (i.e.; marriage, death of spouse, divorce, legal separation, and annulment).

It is the responsibility of the individual beneficiary or his/her representative to notify UCS Trust Services of any changes in Beneficiary's or Authorized Representative's place of residence or contact information.

Change in Surplus Amount:

It is the responsibility of the individual beneficiary or his/her representative to notify UCS Trust Services of any increase or decrease in the Medicaid Surplus amount.

A copy of the most recent Medicaid Notice must be submitted to UCS Trust Services.

What Happens If...

Beneficiary entering a Nursing Home:

If the beneficiary enters a nursing home, The Trust should be notified immediately by a written statement. Upon receipt of the written statement, the full balance, less unpaid fees, will be made available for use. There will be no change to the procedures regarding disbursements. The minimum monthly administrative fee will be charged until the account is fully expended.

Beneficiary no longer has a spend-down/surplus income:

If the beneficiary no longer has a spend-down/surplus income, the Trust should be notified immediately. A written statement certifying that the beneficiary no longer has a spend-down/surplus income must be submitted to the Trust.

A copy of the Medicaid determination indicating there is no spend-down/surplus income may be required.

Upon receipt of the written statement and/or Medicaid determination letter, the full balance, less unpaid fees, will be made available for use. There will be no change to the procedures regarding disbursements. The minimum monthly administrative fee will be charged until the account is fully expended.

Termination of sub-trust account upon beneficiary's death:

Under federal law, once a beneficiary dies, all funds remaining in his account must be left with the Trust to further the Trust's goals. The Trust must be notified immediately of the decedent's death and a certified death certificate must be submitted. Once that is done, the Trust will pay the final disbursement requests submitted within 90 days of death. By law, the Trust cannot pay expenses incurred after death and if such is done, the amounts paid must be returned. For that reason, the Trust cannot pay funeral expenses.

Monthly Surplus Deposit

Remit in one of the following ways:



MAIL

Remit check or money order via mail.

1. Make check or money order payable to UCS. (Do not mail cash.)
2. Include proper Surplus Deposit Coupon (301) with remittance. (Do not tape or staple coupon to check)
3. Remit in pre-addressed envelope provided. Or mail to our P.O. Box address



DIRECT BANKING

Direct your bank to mail UCS a physical check monthly.

1. Make check payable to UCS Disability Pooled Trust.
2. Note beneficiary's UCS account number on check.
3. Mail to UCS P.O. Box address



ONLINE

Log in to Beneficiary's online account and transfer funds electronically.

1. Go to www.ucstrustservices.org.
2. Log in to Beneficiary's account.
3. Select "Remit Surplus Deposit" under "Actions" and follow prompts.



AUTO

Have the surplus deposit debited automatically from beneficiary's bank account monthly.

- Submit the "Automated Deposit Form" (302) authorizing UCS to transfer funds automatically monthly.
- or
- Submit request online authorizing UCS to transfer funds automatically monthly.

Disbursement Requests

Submit in one of the following ways:



MAIL/FAX

Complete the proper "Disbursement Request Form" for each request of payment and submit via mail or fax.

- Form 201 Request for direct payment of bills
- Form 202 Request for payment of credit card bills
- Form 203 Request for reimbursement of payments made by third party on behalf of Beneficiary



DIRECT PAYMENT

Contact the company/vendor and arrange for bill/ invoice to be mailed directly to UCS PO Box.

Have the company address it as follows:

Your Name
C/O UCS - Your UCS account number
P.O. Box 190391
Brooklyn, N.Y. 11219



ONLINE

Log in to Beneficiary's UCS account and request a disbursement.

1. Go to www.ucstrustservices.org.
2. Log in to Beneficiary's account.
3. Select Disbursement Request and follow prompts.



AUTO

Have your disbursements (fixed amount) paid automatically monthly.

- or
- Complete the "Automatic Disbursement Request Form" (204A) and return original via mail or fax.
 - Submit request online authorizing UCS to transfer funds automatically monthly.

Hassle Free

Trust management With 3 steps

1

AUTO DEPOSIT

Have your surplus deposit debited automatically from beneficiary's bank account monthly.

2

AUTO PAYMENT

Set up recurring payments for fixed (non-variable) monthly expenses.

3

DIRECT PAYMENT

Arrange for bills that vary from month to month to be mailed directly to UCS for payment.

General Guidelines

- All requests must be for the sole benefit of the account Beneficiary.
- Appropriate proof of expense, such as a bill, invoice, etc. must accompany each request.
- The bill / invoice and other supporting documentation must be fully legible.
- The bill / invoice or other proper substantiation must be current.
- A copy of or the original bill / invoice, in its entirety, must be submitted. Payment stubs are not sufficient documentation.
- The request must be signed by the Beneficiary or authorized Representative.
- The appropriate form must be completed for each request submitted via mail or fax.

Important Considerations

- Every request for disbursement is individually reviewed.
- Approval is at the sole discretion of the Trustees.
- Requests that may adversely affect government benefits will be denied.
- Only payments to legitimate established businesses will be considered.
- Incomplete, illegible or unsigned requests will not be processed.
- Lack of documentation or lack of available funds will likely result in considerable delay in execution of a request.
- The Trust reserves the right to request any additional documents as and when required.
- Approved requests may take up to five (5) business days to be processed. Please plan accordingly as the Trust will not be liable for any late fees incurred.
- Trust fees are deducted before requested disbursements; therefore, the amount available for use each month will be the current month's deposit less the monthly administrative fee. Please remember to consider this when submitting disbursement requests.

Disbursement Limitations

Prohibited distributions include, but may not be limited to, the following;

- » Reimbursement to the Beneficiary (check made payable to Beneficiary).
- » Reimbursement for purchases made from a joint checking account held with beneficiary.
- » Reimbursement to spouse.
- » Rent agreements between spouses.

- » Tobacco and alcohol.
- » Bail, restitution, and related legal fees.
- » Firearms.

- » Medicaid eligible expenses incurred after the trust was established.
- » Medical premiums included in Medicaid budget as a deduction.
- » Medicaid surplus premium invoices.

- » Parties
- » Gifts
- » Charitable donations.

- » Cash advances taken on credit cards and related fees.
- » Payments to financial institutions for debit card charges, overdraft fees/expenses, and lines of credit.

DISBURSEMENT REQUIREMENTS

HOME BASED

A1. Electric - Gas/Oil - Phone-Internet - TV/Cable - Upkeep:

The bill must be in the Beneficiary's name and bill must indicate Beneficiary's primary residence as the service address. A bill in the name of Beneficiary's deceased spouse will be considered for payment upon receipt of a copy of the death certificate. A bill in the name of Beneficiary and a non-spouse who resides with Beneficiary and has other means of support may result in a pro-rata share.

A2. Repairs:

Reasonable expenditures that enhance or maintain Beneficiary's quality of life in the community will be considered for payment. Each request must include a detailed explanation as to the need of said expenditure. Upon receipt of proper substantiation, the Trust will make a determination as to the amount eligible for disbursement. Prior approval will avoid unnecessary delays or inconvenience.

A3. Property-related expenses (maintenance, taxes, water bills and homeowner's insurance):

The bill must be in Beneficiary's name. Beneficiary must have complete or partial ownership of the property. A bill in the name of an individual/entity other than Beneficiary will be considered for payment if Beneficiary retained a Life Estate in the premises. A copy of the most recent property deed and/or trust document must be on file in order for disbursement requests to be considered. Shared ownership with a non-spouse who resides with Beneficiary, and has other means of support will result in a pro-rata share.

A4. Rent:

The current monthly invoice or a copy of a valid lease agreement indicating Beneficiary as tenant must be provided.

A5. Mortgage:

A current statement with Beneficiary listed as mortgagor must be provided. The current amount due will be considered.

MEDICAL

B1. Hospital – Physician -Ambulette Service –Equipment –Supplies -Prescription Drugs - Co-pays:

Requests for payment will be considered for the following;

1. Provider will not accept Medicaid as a form of payment.
2. Date of Service(s) precedes effective date of sub Trust-account.
3. Invoice balance subsequent to Medicare and/or Medicaid payment.
4. Invoice balance incurred prior to acceptance of Medicaid application.

Reason for non-payment by Medicaid, as listed above, must be noted upon submission of request.

B2. Nursing Home - Rehabilitation:

Co-pays and/or Co-insurance will be considered for residents not eligible for institutional Medicaid coverage. The monthly NAMI/Surplus/Spend down will be considered for residents eligible for institutional Medicaid coverage. Additional services provided by facility not covered by Medicare and/or Medicaid or other insurance will be considered for payment.

B3. Home Care:

Requests for payment will be considered for the following;

1. Invoice for additional hours of assistance not approved by Medicaid.
2. Invoice incurred for services prior to acceptance of Medicaid application.
3. Date of Service(s) precedes effective date of sub-trust account.

Reason for non-payment by Medicaid, as listed above, must be noted upon submission of request.

B4. Health Care Premiums:

Requests for payment of medical premiums not included in the Medicaid budget as a deduction will be considered. A copy of the "Medicaid Budget Explanation" must be on file for disbursement requests to be considered.

AUTOMOBILE

C1. Lease – Finance – Insurance – Fuel – Repair:

Vehicle must be registered in Beneficiary's name. A copy of the registration document and/or title of the vehicle must be on file for disbursement requests to be considered. In addition, a letter must be submitted explaining that vehicle is used for the sole benefit of the sub-trust account Beneficiary.

MISCELLANEOUS

D1. Federal & State Taxes:

A copy of the Federal and State tax returns must accompany request for payment of yearly income taxes. Jointly-filed tax returns must include all supporting documentation (e.g. 1099) related to annual income. The Trust will make a determination as to the amount to be disbursed for joint returns. Estimated income taxes will be considered for quarterly payment upon receipt of a complete copy of the previous year's return.

D2. Pre-need Funeral Arrangement:

The complete Pre-need Irrevocable "Medicaid Eligible" Agreement along with the Pre-need Itemization Statement must be on file for payments to be considered. Disbursements will be processed only while Beneficiary is alive.

D3. Life Insurance:

Beneficiary must be listed as owner and insured of policy. A copy of the contract or current policy statement must be on file for monthly premium payments to be considered. In addition, a signed statement regarding the purpose of maintaining the Life Insurance policy may be required.

D4. Education – Travel - Entertainment:

Reasonable expenditures that enhance or maintain Beneficiary's quality of life in the community will be considered for payment. Each request must include a detailed explanation as to the need for said expenditure. Upon receipt of proper substantiation, the Trust will make a determination as to the amount eligible for disbursement.

D5. Service Fees - Consulting Fees - Legal Fees:

A current invoice in Beneficiary's name, containing the date(s) and nature of service(s), along with hourly or fixed fees noted must be submitted.

D6. Membership Fees

A current invoice in Beneficiary's name must be submitted as well as a description of member benefits.

D7. Food

A current bill or receipt in Beneficiary's name must be submitted. Bill / receipt must be itemized and indicate an outstanding balance. The Trust will not pay for alcohol or tobacco products.

D8. Wireless Telephone

A complete copy of the current bill must be submitted. The bill must be in Beneficiary's name or include a detailed breakdown of charges and fees for Beneficiary's phone. In addition, a letter must be supplied outlining the need for an additional phone and explaining that it is for the sole benefit of the Beneficiary.

D9. Clothes

A current bill or receipt in Beneficiary's name must be submitted. Bill / receipt must be itemized and indicate an outstanding balance. Reasonable expenditures that enhance or maintain Beneficiary's quality of life in the community will be considered for payment.

D10. Subscriptions - Service Contracts:

See directions for utilities under "Home Based".

Request for payment of Credit Card bills.

Credit Card Disbursement Guidelines

- **Credit card must be in Beneficiary's name.**
Credit cards in the name of someone other than Beneficiary will be treated as reimbursement and must be submitted as such.
- **Amount of disbursement will be limited to eligible listed charges accompanied by required documentation.**
Failure to comply with requirements may result in reduced disbursement or nonpayment of credit card bill.
- **Amount of disbursement will be limited to itemized charges listed on the statement submitted.**
For payments of amounts exceeding "new charges" past statements along with supporting documentation must be furnished.

Submission Requirements

- **Submit the entire statement along with all corresponding bills, invoices and itemized receipts.**
For misplaced bills, invoices or receipts provide detailed explanations.
- **Number all charges listed on the statement related to the amount requested.**
Do not delete, alter or otherwise change any section or line item on the statement.
- **Supporting documentation (bills, invoices and receipts) must be complete and legible.**
Itemized receipts must contain merchant name and date of purchase.

Request for reimbursement of payments made by third party on behalf of Beneficiary.

Reimbursement Guidelines

- **Reimbursements can only be made to third parties (Check cannot be payable to Beneficiary or spouse).**
Purchases made from a joint checking account held with beneficiary are not eligible for reimbursement.
- **Amount of disbursement will be limited to eligible charges accompanied by required documentation.**
Failure to comply with requirements may result in none or reduced reimbursement amount.
- **Accumulate the payments made on behalf of Beneficiary and submit request once a month.**

Submission Requirements

- **List each paid expense in the “Reimbursement Request Detail” section.**
- **Include proof of expense(s) and payment.**

| | |
|-------------------------|---|
| Proof of Expense | <ul style="list-style-type: none">• Provide copies of all paid bills, invoices or receipts. |
| Proof of Payment | <ul style="list-style-type: none">• Provide a complete copy of the standard [online printouts are not acceptable] credit card or bank statement containing the charges related to receipt(s). (Credit card or bank statement must be in the name of the individual requesting reimbursement.)• You may also submit a copy of the canceled check issued by the individual requesting reimbursement. |

Finding us is easy



Visit us online

www.ucstrustservices.org



Get in touch:

Phone: 718.854.9300

Fax: 718.506.9314

Email: info@ucstrustservices.org



Mail correspondence to:

UCS Disability Pooled Trust

P.O. Box 190391

Brooklyn, NY 11219

UCS

UCS Trust Services