

PLAN of Massachusetts & Rhode Island, Inc.
Special Needs Pooled Trust:
Disbursement Guidelines

DISBURSEMENT OF FUNDS FROM SPECIAL NEEDS POOLED TRUST ACCOUNTS

GUIDING PRINCIPLES

All disbursements from the MARC Trust are subject to the following four principles, which reflect federal law.

- **Sole Benefit:** Disbursements must be used for the sole benefit of the participants. They are to enable the person to lead as normal, comfortable, dignified and fulfilling a life as possible. Thus, for example, the trust cannot pay for birthday presents for a participant's sibling.
- **Supplemental Needs:** Disbursement must be used to supplement public benefits; for example, to pay for things that Medicaid would not pay for.
- **Payments to Third Parties:** Disbursements must be made to third-party vendors (such as a furniture store, for a more comfortable chair for the participant) or to reimburse third parties for payments made for the benefit of participant (such as when a caregiver buys a heating pack for the participant's use). Payments cannot be made directly to the participant.
- **Sole Discretion:** As the Trustee, PLAN has sole discretion in making (or not making) any payment from a participant's Trust account. Neither the participant nor any person acting for the participant can require that payments be made. This helps to ensure that disbursements are made on a completely objective basis; and that a participant's account is used in a way that serves his/her long-term needs.

Each beneficiary is assigned a Service Coordinator to handle disbursements of trust funds. For questions about disbursements, please call your Service Coordinator at 617 244 5552.

SAMPLE DISBURSEMENTS / USES OF TRUST FUNDS

The following examples illustrate the types of disbursements that can be made for a trust participant. This is a partial list of appropriate disbursements:

- Health and dental treatment and equipment that are not otherwise covered by insurance—or where out-of-pocket cost or deductibles are charged to the participant. This could include, for example, eyeglasses, supplemental nursing care, dietary supplements, rehabilitative services, or private therapy.

- Social services such as companion services or private case management*
- Clothing and personal needs such as toiletries or haircuts
- Household items such as furniture, bedding, television, or microwave
- Communications such as internet service, mobile phone, and other devices
- Transportation such chair-car service, taxi or transportation service rides, and adaptive vehicle purchases
- Recreational and cultural items and activities such as travel, books, movies, and entertainment
- Education and training programs such as college courses, online learning, local lectures, and personal mentors and tutors
- *If a participant is not on SSI, then disbursements for rent, food, and utilities are permitted*

***See page 5 for special requirements for the payment of these services.**

****All requests for payment of vacations must be receive prior approval from your Service Coordinator. Please allow at least two weeks for PLAN staff to review the request. When submitting requests for vacation, all expenses related to the vacation must be submitted prior to approval.**

PROHIBITED DISBURSEMENTS / USE OF TRUST FUNDS

The following examples illustrate the types of disbursements that cannot be made for a trust participant. This list is not exhaustive.

- *For those on SSI, disbursements for rent, food, and utilities are NOT allowed**
- Gifts for Others
- Gift cards
- Alcohol
- Gambling
- Weapons
- Pornography

***The Social Security Administration has determined that restaurant charges and charges for food items at such places as convenience stores are payments for food. Therefore, trust funds cannot be used to pay for food from restaurants or convenience stores for participants who receive SSI benefits.**

REQUESTING DISBURSEMENTS

There are three methods for requesting disbursements from a PLAN Trust account:

1. A trust participant (or someone s/he authorizes) submits a **Disbursement Request Form** to the assigned Service Coordinator along with a detailed written estimate or invoice before purchasing the item or service. PLAN will pay the vendor directly. Submissions can be made by email, fax or mail. A Disbursement Request Form can be found on the website and in the Forms section of this Guide.

-OR-

2. With approval from a Service Coordinator, a trust participant (or someone s/he authorizes) can request that certain recurring bills, such as telephone, cable, etc. be sent directly from the vendor to PLAN. This change must be initiated by the trust participant by calling and instructing the vendor to change the mailing address on future bills to PLAN, using the following address format.

*[Trust participant's name]
c/o PLAN of Massachusetts and Rhode
Island, Inc.
50 Cabot St, Suite206
Needham, MA 02494*

-OR-

3. A trust participant (or someone s/he authorizes) submits to PLAN a Disbursement Request Form along with **itemized receipts and proof of payment**. In case of payment by check, a copy of the cancelled check must be provided. The participant can request that PLAN pay a credit card company or a third party (family, friend, other). **No disbursements will be made if itemized receipts and proof of payment are not submitted along with the request form.**

If bills are sent directly, PLAN will not forward any promotional offers or other materials sent by the vendor to the participant.

Generally, disbursements are mailed within 7 to 10 business days after receipt of request.

PROCEDURE FOR PAYMENTS TO CREDIT CARD COMPANIES

Participants should use the following procedure to request payment for purchases that are made with a credit card:

1. After receiving approval from the Service Coordinator, you may use your credit card to make purchases. **Save the receipts!**
2. Use just one credit card for all trust-related payments.
3. Complete a Disbursement Request Form.
 - In the section entitled “Make Check Payable to,” write the name and address of the credit card company you used to make the purchase(s).
 - Attach the receipt(s) from the purchase(s) to the Disbursement Request Form.
 - In addition, the first time you use the credit card for trust-related purchases submit a copy of your credit card statement for our files.
4. Mail, email or fax the Disbursement Request Form and receipt(s) to PLAN. The request will be reviewed through our standard approval process.
5. If your request is approved, PLAN will issue a check payable to your credit card company for the amount of the purchase(s).

GUIDELINES FOR CREDIT CARD USE

Please note the following when making credit card purchases:

- We will inform you if your request is not approved as an appropriate disbursement from your trust account. It is your responsibility to pay for any purchases that are not approved.
- If you are not sure if the item(s) or service(s) that you want to purchase with your credit card will be approved, please contact your Service Coordinator for pre-approval prior to making the purchase.
- Cash advances, late fees, and other finance charges in connection with credit card transactions will not be approved. You are responsible for ensuring minimum payments are made to the credit card company by the due date.

PROCEDURE FOR PAYMENT OF CASE MANAGEMENT OR COMPANION SERVICES

An individual who wants to provide to a trust participant must submit two documents to the trust participant's Service Coordinator.

1. **Service Agreement**

This agreement describes the terms of service that the service provider will provide to the trust participant.

2. **W-9 Form**

Information from this form enables PLAN to report to the IRS all payments made to the service provider.

3. **Statement of Service Form**

After the Service Agreement is approved, the service provider must complete and submit to the Service Coordinator a Statement of Service Form each time s/he seeks payment of services provided.

If the service described in the Service Agreement is for guardian or conservatorship purposes, the service provider certifies that s/he is not being paid by a state agency or other source for this service.

EVALUATION OF PAYMENT REQUESTS

A Service Coordinator considers several factors to evaluate each request for disbursement of funds. These include:

- Government rules and regulations
- A trust participant's assets, income, and earning capacity
- Services and benefits to which the trust participant may be entitled
- A participant's needs for health, educational, social, and other services
- A participant's future needs
- Amount of funds in the participant's account

Because each request is evaluated, approval of a specific request is no guarantee that it will be approved the next time it is submitted.

ADDITIONAL GUIDELINES

For all payment requests:

- While PLAN endeavors to make all payments to third parties in a timely manner, PLAN is not responsible for the payment of any late fees or interest that accrues on late payments.
- Receipts, bills and invoices that are submitted for payment or reimbursement are to include **ONLY** items and services that are **for the use of the trust participant**. If a third party purchases items or services for a trust participant, those items **must be on a separate, itemized receipt, invoice or bill** that **does not** contain items or services purchased for anyone other than the Trust Beneficiary.
- If we receive invoices that include items purchased for someone other than the beneficiary, we reserve the right to refuse payment of the disbursement request.
- If any single request for payment exceeds \$3,000, it must be reviewed by the Executive Committee of the Board of Directors. This might result in a brief processing delay.

SAMPLE RECEIPTS, ESTIMATES AND INVOICES

*"Itemized Receipt showing" →
 the Individual Items purchased.

THANK YOU FOR CHOOSING MCDONALD'S
 422 WASHINGTON ST
 STOURBRIDGE, MA
 02082
 I I I THANK YOU I I I
 TEL# 781 344 0488 Store# 691

KSN 14 Oct.06'10 (Wed) 21:37

KFY SIDE 1 KVS Order 52


QTY	ITEM	TOTAL
2	MCDONALD'S	2.00
2	SM. FRENCH FRIES	2.00

Subtotal	4.00
Tax	0.28
Take-Out Total	4.28

Cashless	4.28
Change	0.00

MEMO 48818602
 CARD ISSUER ACCOUNT#
 Master SALE *****
 AUTHORIZATION CODE - 031841 SEQ# 104173

MCDONALD'S 691

Walmart 
 Save money. Live better.

MANAGER DAVE DRPPA
 101 1 162 - 0640

ITEM	PRICE	TOTAL
SYN 2226 OP# 00003634 YEA 16 YTR 03468		
IN FLO CREW 001191936328	6.00	
IN PET PANT 001191937836	6.00	
IN FLO CREW 001191944328	6.00	
IN FLO CREW 001191937331	6.00	
FLUSH PANT 069365084534	9.00	
FLANNEL PANT 076706261119	2.00	
IN FLO CREW 001191936303	6.00	
COTT H&DR 12 003600011835	6.97	
6PK ALPK 001113212656	3.87	
HILLET SPRAY 003270071606	2.52	
BBB FOOD 068113145632	9.47	
FRISKIB 12PK 008000029607	1.98	
WISKAS 30Z 002370032784	1.60	
FRISK PH 301P 006000067443	1.12	
WISKAS 30Z 00849672304	1.60	
BIRD RATION 00218062625	1.69	
BIRD FOOD 002686112409	1.97	
FF 30Z CAT 005000042894	0.47	
FF 30Z CAT 005000042934	0.47	
FF 30Z CAT 005000010286	0.47	
FF 30Z CAT 008000042934	0.47	
FF 30Z CAT 005000042894	0.47	
FFEH SHN 30Z 006000097490	0.74	
FF EH TUN 3 006000057460	0.74	
FF 30Z CAT 006000010336	0.47	
FFEH SHN 30Z 008000057492	0.74	
FF EH TUN TS 006000057362	0.74	
FF 30Z CAT 008000042944	0.47	
FF 30Z CAT 008000042944	0.47	
ELEC TAPE 004318013160	0.87	
SOCKET 004318041108	2.98	
SPARKLE TNL 003040021406	2.73	
DHAN ULTR AB 003700025376	4.00	
16LB LITTER 007874248876	4.96	
TIDE LIQUID 003760011091	10.94	
SUBTOTAL	120.16	
TAX 1 7.000 X	4.77	
TOTAL	124.93	
VISA TEND	124.93	

Mom Beneficiary

Mary

Dad

****Note:** This is an example of a receipt that includes items for individuals other than the beneficiary. Receipts sent to PLAN for request for disbursement should contain beneficiary purchases only. We reserve the right to refuse payment of disbursement requests that include receipts like the one illustrated here that include items purchased for individuals other than the beneficiary.

RECEIVED OCT 24 2016

10-31-16
S M

[Redacted]

ENTERED

received in check from
[Redacted] on 10/21/16
for \$1,000.00

Check # 352

for payment # 4 Bathroom for

[Redacted]

~~Plan member check~~

Oct. 21 - 16

[Redacted Signature]

Here is another example of receipt of payment that is viewed as unacceptable as proof of payment.

RECEIVED JUL 07 2017

John Brown, M.D.

1234 Sample Street
Brookline, MA 02446

Telephone (617) 000-0000

*2-17-17
S.A.*

Anne Smith

JMC, '17

*Psychology Intcis
& med. consultation*

6/1, 7, 14, 21, 30

\$ 630

This is an example of an invoice that is not up to the standard we ask for.



[Your Company Name]

[Your Company Slogan]

[Street Address]

[City, ST ZIP Code]

Phone **[(509) 555-0190]** Fax **[(509) 555-0191]**

INVOICE

INVOICE # [100]

DATE: OCTOBER 9, 2011

TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

FOR:

[Project or service description]

[P.O. #]

DESCRIPTION	HOURS	RATE	AMOUNT
			TOTAL

Make all checks payable to [Your Company Name]

Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

Thank you for your business!

This is a model invoice example