

<b>Policy Subject:</b>	Protecting the Resources of Children in Custody
<b>Effective Date:</b>	October 1, 2018
<b>Approved By:</b>	Rebecca Jones Gaston, MSW Executive Director Social Services Administration  Stafford Chipungu Chief Financial Officer Office of Budget and Finance
<b>Policy Number:</b>	SSA/CW #19-6
<b>Revision Date (s):</b>	October 1, 2018
<b>Originating Office:</b>	Office of Placement and Permanency
<b>Supersedes:</b>	SSA/CW # 16-7
<b>Program Affected:</b>	Placement and Permanency



**Legal Information & Purpose:**

Following the enactment of Senate Bill 291, Family Law Article § 5-527.1, effective October 1, 2018, will require the Department of Human Services (“DHS”) to take certain actions when applying for and managing certain federal benefits that DHS receives, as a representative payee or in any fiduciary capacity, on behalf of foster children committed to DHS’s custody. The federal benefits addressed by Fam. Law § 5-527.1 include Supplemental Security Income (“SSI”), other social security benefits, and Veterans Administration benefits (collectively, the “federal benefits”). This policy provides guidance to assist each Local Department of Social Services (LDSS) in implementing Fam. Law § 5-527.1.

This policy also supersedes SSA CW#16-7 which provides direction to the LDSS as to the notification requirements when applying for benefits on behalf of the children in care who receive SSI or other Social Security benefits. These notification guidelines are provided in the first section entitled, “Notifications Related to the Application of Federal Benefits.”

**Policy:**

Consistently with Fam. Law § 5-527.1, this policy directs each LDSS (1) to cooperate with legal counsel for foster child when applying for federal benefits on behalf of a foster child in DHS’s custody, (2) to conserve specific portions of the federal benefits for older foster children in a manner that avoids exceeding any federal asset or resource limitations that could impact a foster child’s eligibility to continue to receive the benefits, (3) to provide financial literacy training for older foster children who receive federal benefits, and (4) to provide notifications to foster children regarding their federal benefits. The LDSS shall not construe Fam. Law § 5-527.1 to supplant any of its responsibilities or requirements as a Representative Payee provided under federal law.

As the representative payee for children in foster care, DHS/LDSS has determined that it is generally in the best of interests of the child to use federal benefits received to pay for the child’s cost of care. In order to better foster each child’s transition to successful adulthood, DHS/LDSS also determined that the best interests of youth age 14 and over are served by using a diminishing portion of such federal benefits to pay for the cost of care for each youth, as follows:

- 60% of such federal benefits, for foster children who are 14 or 15 years old;
- 20%, for foster children who are 16 or 17 years old; and
- 0%, for foster children who are at least 18 years old.

When the LDSS is designated as the child’s representative payee or serves in a fiduciary capacity for the child in foster care, the LDSS shall apply up to the above designated percentage of federal benefits received on behalf of the child to that child’s cost of care. The remaining cost of the care for the child shall be paid for from other funds allocated by DHS to the LDSS for the care of children in foster care. The remaining portion of federal benefits received on behalf of the specific child shall only be used to provide for the special needs of that child when those needs are not otherwise provided for by DHS. If the remaining portion of federal benefits are not needed to provide for the child’s special needs, they are to be conserved for the child, as described further below.

**Definitions:**

"Cost of care" means all the costs associated with the care of the child in foster care, including the board rate, clothing allowance, and any supplemental expenditures made to meet the child's special needs, as defined in COMAR 07.02.11.03(17).

"Foster child" means a person under the age of 21 committed to the custody of an LDSS under the jurisdiction of the juvenile court.

"Identified Foster Child" means a foster child for whom the LDSS currently serves, or is applying to serve, as Representative Payee to receive the child's federal benefits.

"Old Age, Survivors and Disability Insurance" (OASDI) means the comprehensive federal benefits program established under Title II of the Social Security Act that provides monthly benefits intended to replace, in part, the loss of income as a result of retirement, disability or death.

"Other Social Security Benefits" means any federal benefits provided pursuant to the Social Security Act other than SSI.

"Representative Payee" means a Representative Payee appointed by the federal Social Security Administration to receive SSI benefits pursuant to 20 C.F.R. § 416.610, appointed by the federal Social Security Administration to receive other social security benefits pursuant to 20 C.F.R. § 404.2010, or a fiduciary entitled to Veteran's Administration benefits on behalf of another individual.

"Supplemental Security Income" or "SSI" means a means-tested benefit program, established pursuant to Title XVI of the Social Security Act that provides disability benefits to individuals who do not qualify for Social Security Disability Insurance (SSDI).

"Special Needs Trust" or "SNT" means a first-party, pooled special needs trust established in accordance with 42 U.S.C. § 1396p(d)(4)(C). An SNT is a trust that is established by a non-profit agency in which separate individual trust accounts are maintained for the benefit of each individual beneficiary and all trust assets are pooled for investment and management purposes. The beneficiary must irrevocably transfer funds into the SNT, and the trustee of the SNT has total discretionary to control all disbursements in the best interests of each beneficiary.

**Procedural Guidance:****1. Notifications Related to the Application of Federal Benefits.**

The LDSS shall ensure that each identified foster child, through child's attorney, is notified about all applications, federal SSA decisions, correspondence, and appeals concerning the child's federal benefits, as described below. This policy does not change the criteria for deciding whether to apply for federal benefits for the child or to serve as the child's representative payee, which is described in SSA Policy CW#17-7 ("Disability Benefits Advocacy Program"). As

whether to apply for federal benefits for the child or to serve as the child's representative payee, which is described in SSA Policy CW#17-7 ("Disability Benefits Advocacy Program"). As described in policy CW#17-7, DHS has contracted with a vendor that has been responsible for meeting the goal of the timely acquisition of Social Security Title II and Title XVI benefits for children in foster care that are in the legal custody of the LDSS. References to "the vendor" below refer to this contractor.

The LDSS shall immediately notify the child's attorney upon the following events:

- When referring a foster child, pursuant to SSA policy CW # 17-7, to the vendor to apply for federal social security benefits (or to seek to be appointed as the representative payee), the LDSS shall inform the child's attorney of its plans. If the child's attorney disagrees with the LDSS serving as representative payee, the LDSS shall consider whether a different payee should be appointed.
  - When the vendor submits the application to federal SSA, the vendor will complete Sections 1 to 3 of DHR/SSA 224: Notification to Child's Counsel for Title II and Title XVI Benefits (Attachment A) and send it to the attorney.
  - The LDSS shall ensure that the child's attorney is similarly notified in writing if the LDSS applies for Veteran's Administration benefits (or to be appointed as the fiduciary to receive those benefits) for the identified child.
- Upon notification of any decisions regarding the LDSS's application for federal benefits, the LDSS shall notify the child's attorney of the decision.
  - For social security benefits, the vendor will notify the LDSS of the decision. Upon receipt of the notification, the LDSS shall complete Section 4 of DHR/SSA 224: Notification to Child's Counsel for Title II and Title XVI Benefits when there is a confirmation of benefit and send it to the Attorney vendor.
- The LDSS shall send child's attorney copies of any documentation it sends to, or receives from, the federal SSA or the Veteran's Administration regarding the LDSS's applications submitted on the child's behalf. Such documentation includes any appeals, correspondence, or other requests regarding such applications, whether sent directly by or to the LDSS or through the vendor for the Disability Advocacy Benefits Program.
- The LDSS shall scan the completed DHR/SSA 224: Notification to Child's Counsel for Title II and Title XVI Benefits, and any other documentation regarding the identified foster child's federal benefits into the MD CHESSIE file cabinet for the child's service case.
- The LDSS shall document all discussions with respect to the identified foster child's federal benefits in MD CHESSIE on a contact note.

## 2. Accounting and Reporting Requirements.

(a) The LDSS shall maintain accounting records through the MD CHESSIE finance component, including applicable dates, for each foster child for whom it serves as Representative Payee recording its receipt of the federal benefits, its expenditures of those benefits, and any conservation of those federal benefits.

(b) For each foster child for whom the LDSS serves as Representative Payee, the LDSS shall exercise good faith efforts to identify, and maintain current records of, the foster child's assets and resources, including other benefits, insurance, cash assets, trust accounts, earnings, and other resources.

(c) The LDSS shall provide a detailed accounting of the child's federal benefits as described in paragraphs (a) and (b) of this section to the child, through the child's attorney, at least annually and before each juvenile court hearing regarding the child. This notification can be sent in a separate letter to the identified foster child's attorney at the time the court report is sent.

(d) The LDSS shall comply with all accounting reporting requirements imposed by the federal Social Security Administration, including the submission of the Annual Representative Payee Report (SSA Form 6234-OCR-SM) that reports, among other things, the amount of benefits conserved or expended on behalf of the foster child for whom the LDSS serves as representative payee.

Note: In completing the federal reports, the LDSS shall report any federal benefit funds deposited into pooled Special Needs Trusts as expenditures and not as conserved funds. <sup>1</sup>See Federal SSA Representative Payee Report (6234-OCR-SM) example (Attachment B). Funds deposited into the SNT shall be recorded in section 2D asking how much of the benefit was spent on "other things?".

### 3. Special Notice to Federal SSA Required for SSI Benefits Only.

Each LDSS serving as representative payee for a foster child's SSI benefits shall notify its local federal SSA field office as soon as possible and no later than 10 days after the end of the month in which a change occurred with the use of their benefit. Therefore, the LDSS is being instructed to notify federal SSA at least 30 days prior to the child's 14th, 16th, and 18th birthdays of the change that will take place with the use of the child's benefit. The notice shall be on LDSS letterhead using the DHS-approved language included in the form letter attached to this Policy (Attachment C.). The LDSS shall send a copy of the notice to the child's attorney. A copy of the signed letter shall be scanned into the MD CHESSIE file cabinet of the child's service case.

The purpose of the notice is to avoid the child's receipt of an overpayment that the child or payee would have to pay back at a later time.

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<sup>1</sup>The federal Social Security Administration considers that the transfer of federal benefit funds into approved SNTs constitutes expenditure for the beneficiary's current and reasonably foreseeable needs and should not be recorded as "conserved" funds. Additionally, such transfers are irrevocable and the funds may be disbursed only by the trustee of the SNT, the Representative Payee can no longer control the funds and cannot control the funds as it does with "conserved" funds.

#### 4. Use or Conserve All Federal Benefit Funds.

(a) As Representative Payee for a foster child under the age of 18, the LDSS may use up to the following percentages of the federal benefit to pay for the child's cost of care:

- 100% of the federal benefits, for foster child under 14 years old;
- 60%, for foster children who are 14 or 15 years old; and
- 20%, for foster children who are 16 or 17 years old.

The reimbursement rate for the cost of care outlined above is based upon the child's age on the first day of each month (e.g., a child born on October 2, 2002 is 15 years old for the month of October 2018 and is 16 years old beginning in the month of November 2018, but a child born on October 1, 2002 is 16 years old beginning in October 2018).

(b) The LDSS must allocate funds other than such federal benefits to provide for the remaining costs of care for the identified foster children affected by this policy.

(c) The LDSS shall use the following guidelines when exercising its discretion whether to use or conserve the child's remaining benefits:

- only use the child's federal benefits if the LDSS determines that there are services for the child's special needs that are not otherwise provided to the foster child by the LDSS, and the child has sufficient federal benefit funds to fully pay for those services.
- if a Special Needs Trust is established for the child, and it has been determined that there are services requiring funding for the child's special needs not otherwise provided by the LDSS, the child should first request funding disbursements from their Special Needs Trust Administrator. If the child is unable to do so due to the severity of their special needs, the caseworker shall assist the child in the request to the SNT Administrator.
- If the request is denied by the SNT Administrator, or if the benefits are conserved in another savings account for non-SSI benefits, the LDSS shall complete DHS/SSA Fiscal Form 312F Flex Funds Purchase Authorization form - (Attachment D), or Local Department equivalent, which is used to allow the Caseworker to document in the service log for monies not yet in CHESSIE. The 312F requires the Caseworker to detail what funding is needed and to include documentation to justify the expense. (See Attachment D)
- Consider any requests for such services made by the foster child or the child's attorney.

(d) If the LDSS has established a SNT for the foster child in accordance with Section 5 of this Policy, the LDSS shall deposit any funds derived from the foster child's federal benefit (including SSI, other social security benefits, or Veterans Administration benefits) that have not been used pursuant to subparagraphs (a) and (c) of this Section into the foster child's account as further provided in paragraph (f) below..

(e) If the LDSS has not established an SNT for the foster child, the LDSS shall conserve the portion of federal benefits for the foster child that is not needed and expended for the child's current needs pursuant to subparagraphs (a) and (c) of this Section into an interest - or dividend-bearing account in a federally insured financial institution as further provided in paragraph (f) below. See 20 C.F.R. §§ 404.2045, 416.645.

(f) LDSS Fiscal Staff Responsibilities. The LDSS Finance will receive SSA funds for children in care for whom the Department is the Representative Payee.

- The LDSS finance department personnel will distinguish the amount to be used for cost of care and the amount to be conserved, and will record the full receipt in MD CHESSIE in 2 entries split between "Available for Cost of Care" and "Available for Ancillary."
- If a Special Needs Trust has been established on behalf of a child, then conserved funds shall be disbursed to the SNT by way of a caseworker created supervisor approved MD CHESSIE Service Log request for payment. This will be done monthly, or at a most, when conserved funds in MD CHESSIE approach \$2,000.
- Conserved funds - funds "Available for Ancillary," shall be deposited into a Local Department established trust fund account, commingled or child specific, or disbursed to an SNT as appropriate.
- SSA funds available for cost of care received and recorded in the current month are available for reimbursement towards current month payments (prior month services).

Note: The payment method must be in accordance with the SNT established guidelines. If more than one child in a jurisdiction is participating with a particular SNT, that SNT will most likely allow one check to be written (vs. an individual check for each child) as long as the memo portion of the check includes the breakdown for each child.

5. Special Rules For Conserving Funds for Identified Foster Children Who Receive SSI. When the LDSS serves as a Representative Payee to receive federal benefits for a foster child who receives SSI, the LDSS shall take the following additional actions with respect to all federal benefits and Veteran's Administration benefits received for such foster child:

5.1 Maintain SSI Eligibility. Each LDSS shall exercise good faith to monitor all assets held by an identified foster child who receives SSI benefits to ensure that the LDSS does not conserve any assets in a manner that would adversely affect the foster child's continued eligibility for SSI.

5.2 Determine Whether a Special Needs Trust Is Required. The LDSS shall determine that an Identified Foster Child who receives SSI benefits requires a Special Needs Trust if the child is expected to accumulate more than \$2,000 in assets in the next six months. The LDSS retains discretion to determine that it is in the child's best interest to establish an SNT at other times.

**Example 1:** If a child is expected to transition out of the Department's care with a total of \$1,800 in assets, the LDSS is not required to determine that the child needs a Special Needs Trust.

5.3 Selection of Special Needs Trust. Upon a determination that a foster child requires a Special Needs Trust, the LDSS shall select an SNT that is approvable by its local federal SSA field office. DHS maintains an information sheet with a list of SNT's that comply with federal SSA policy standards, that are authorized to operate in Maryland, and that have provided some programmatic information about their SNT's to DHS (Attachment D). The LDSS shall select, from one of the SNT's on the information sheet, or from another of their choice, after considering the following factors:

- the costs and expenses of the SNT (these will be covered by the child's federal benefit, after accrual of funds).
- the ability and willingness of the SNT to collaborate with the foster child's caseworker and others involved in the child's care.
- the ability and willingness of the SNT to accommodate any of the foster child's special needs.
- the geographical proximity of the SNT to the foster child's expected residence

If the LDSS selects an SNT that is not on the DHS list, the LDSS shall get approval from SSA Central Office's Permanency and Placement Unit.

5.4 Federal SSA Notification of the pooled Special Needs Trust. After the LDSS selects the pooled SNT for a particular foster child, the LDSS must notify their local federal SSA field office of the SNT as soon as possible and no later than five (5) business days. A sample form letter for this notification is attached (Attachment E).

Note: The SSA regional office maintains a precedent file for each pooled SNT containing the SNT's review and findings, so if there are issues with the local offices, then it can be sent through the regional office for their input. This information may assist the LDSS as they consider which LDSS to choose and want to consult with the regional Federal SSA office.

5.5 Establish the Foster child's Account in the Special Needs Trust. The LDSS shall work with the selected SNT to obtain the paperwork required by the SNT to establish the identified foster child's account in the SNT. The SNT will provide assistance in completing the application materials. The person who establishes the account does not have any authority over the funds in the account. It simply means that they have legal authority to open or establish the account. The account must be established by the foster child, or an authorized person or entity acting on the child's behalf, in the following order of priority:

- (1) The child, if over 18 and legally competent to establish the account;
- (2) The LDSS, if the LDSS is appointed as full guardian with the right to consent to adoption following a termination of parental rights proceeding;



- (3) Either parent of the foster child, if able and willing; or
- (4) Any grandparent of the foster child, if able and willing; or
- (5) By order of the court.

If an order of the court is needed, the LDSS shall immediately contact its local counsel who will prepare a petition requesting an order directing the LDSS to establish the account. The LDSS may not sign or authorize the establishment of an account in a SNT unless it is the full guardian of the foster child, or unless a court order directs it to establish the account.

#### 6. Assistance to Identified Foster Child Regarding SNT Disbursements.

Because the deposit of a child's federal benefits into a Special Needs Trust is an irrevocable transfer of those funds, the LDSS, or any other party to the child, cannot control the disbursements from those accounts. The caseworker shall assist the foster child in making requests, if able, or making them on the child's behalf, for disbursements from the SNTs but cannot control the determination whether such disbursements will be made. The trustee of the SNT will determine whether disbursements for particular purposes serve the beneficiary's best interests and should not expend funds where the need can be met elsewhere.

#### 7. Transitioning the Management of A Child's Benefits to a New Representative Payee.

Consistent with The Disability Benefit Advocacy Project policy SSA/CW # 17-7 the LDSS should not remain the representative payee for federal benefits of a child who is placed in a Formal Kinship Placement, begins a trial home visit with a parent/guardian, or exits foster care. The Disability Benefit Advocacy Project policy SSA/CW # 17-7 provides guidance regarding termination of applications for social security benefits in such circumstances.

#### 8. Financial Literacy Training.

Each LDSS shall ensure that all foster children for whom it serves as a Representative Payee receives financial literacy training in conjunction with DHS's Youth Matter, youth engagement model, and Ready by 21 Framework. In addition, the LDSS shall ensure that the foster child be provided individualized instruction regarding how to use and maintain into adulthood any SNT that is established, or any conserved funds that are set aside pursuant to this Policy. The caseworker shall exercise reasonable efforts to assist foster children in communicating with the SNT Administrator, if applicable, to establish budgets and other financial goals and to make requests for disbursements. In most cases, these are services offered by the staff of the SNT.

#### 9. Alignment with Practice Model and Desired Outcomes.

This policy supports the goal of the Practice Model for timely and lasting permanency, specifically for our older child population. It empowers children with special needs to earn assets and to plan for their future.

DHS is committed to ensuring all older children in foster care have the skills and resources available to safely practice and demonstrate their progress in becoming independent and self-sufficient adults.

This practice aligns with the child Matter and Ready By 21 Framework which provides benchmarks that highlight skills in financial literacy/resources and ongoing support, in addition to other life skill areas.

#### 10. Documentation and Forms

The following documentation shall be used for implementation of this policy as set forth in this policy directive:

- DHR/SSA 224: Notification To Child's Counsel for Title II and Title XVI Benefits (Attachment A)
- Example of Federal SSA Form 6234-OCR-SM, aka Representative Payee Report (Attachment B)
- Template Letter to Federal SSA re: changes to State Policy (Attachment C)
- Example of DHS/SSA Form 312F (Attachment D).
- DHS/SSA SNT Information Sheet (Attachment E)
- Template Letter to SSA re: Establishment of SNT (Attachment F)

#### 11. Related Information

This policy supersedes SSA CW #16-7. It is also aligned with The Disability Benefit Advocacy Project policy SSA/CW # 17-7.

The Foster Youth Savings Program (FYSP), outlined in SSA CW#19-7, refers to this policy regarding the conserving of an identified foster child's FYSP funds.

The federal Social Security Administration has many resources that are helpful in understanding the role of the Representative Payee. LDSS staff that are responsible for any part of the implementation of this policy shall familiarize themselves with these resources found on the representative payee program page of the federal Social Security Administration website (<https://www.ssa.gov/payee/faqrep.htm>).

**NOTIFICATION TO CHILD'S COUNSEL FOR  
TITLE II AND TITLE XVI BENEFITS**

The Vendor must notify child's counsel when an initial application is made on behalf of the child in care for Title II and Title XVI benefits. The Vendor will also notify child's counsel when application is made to be the child's representative payee for receipt of Title II and Title XVI benefits. This notification must be completed and forwarded to the child's counsel immediately upon applying for such benefits, or requesting that the LDSS become the child's representative payee. Once benefits are received, and the LDSS has been named the child's representative payee, the LDSS must complete Section 4 and forward this notification again to the child's counsel.

**Section 1. Identifying Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 LDSS Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Section 2. Counsel Information**

Child's Counsel's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Section 3. Benefit Information**

Benefits Applied for (check all that apply):

- \_\_\_\_\_ Old Age  
 \_\_\_\_\_ Survivors -please check box that applies: Mother      Father  
 \_\_\_\_\_ Disability Insurance  
 \_\_\_\_\_ Social Security Disability Insurance  
 \_\_\_\_\_ Supplemental Security Income (Title XVI)

Date initial application for benefits identified above were applied for on behalf of the child. Please note, when making initial application, this also includes the date the

LDSS applied to be the representative payee for the benefit: \_\_\_\_\_

Date Counsel Notified: \_\_\_\_\_

Date LDSS applied to be representative payee for a benefit the child was already receiving upon entry into foster care: \_\_\_\_\_

Date Counsel Notified: \_\_\_\_\_

**Section 4. Confirmation of Benefits**

Date the LDSS is named the representative payee: \_\_\_\_\_

Date Benefits Awarded: \_\_\_\_\_ Monthly Amount Awarded: \_\_\_\_\_

Date Counsel Notified of Commencement of Benefits and Monthly Amount Awarded: \_\_\_\_\_

I attest that the information I provided above is accurate and understand that supporting documentation may be required.

Local Department of Social Services Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

6235



RECEIVED FEB 27 2018

# Representative Payee Report

Social Security Administration, P.O. Box 6231, Wilkes-Barre, PA 18767-9912

FORM APPROVED  
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS



199493 1 AB 0.408 LTR REP T16 M17 R180203 P:32 T:970

WORCESTER CO DSS FOR

PO BX 39  
SNOW HILL, MD 21863-0039

REPORT PERIOD

FROM 02/01/2017 TO: 01/31/2018

SOCIAL SECURITY NUMBER

BENEFICIARY

FP

ID	BIC	D	TP	CC	GS	PC	DOC
DC		N	AGY	PYE	B		274
CF	TAA		PF	BSSN	FFS	DAA	MFA
000000	010151						00000

225836848231812203836102114012018011381115  
01015138101634253414218630001383800002010

If change of address, check box and enter new address on back of report

This report is about the benefits you received between 02/01/2017 and 01/31/2018 for the beneficiary, Please read the enclosed instructions before completing this form to help you answer each question.

1. Did the beneficiary continue to live alone, or with the same person, or in the same institution from 02/01/2017 to 01/31/2018?  
If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Benefits paid to you between 02/01/2017 and 01/31/2018

Benefit you reported as saved on last year's report.	= \$	10,151
	= \$	0
<b>Total Accountable Amount</b>	= \$	<b>10,151</b>

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

A. Did you (the payee) decide how the \$10,151 was spent or saved?  YES  NO  
If NO, please explain in REMARKS on the back of this form.

B. Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between 02/01/2017 and 01/31/2018?  YES  NO

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If YES, how much of the \$10,151 did you collect from the beneficiary for these services between 02/01/2017 and 01/31/2018?

DOLLAR AMOUNT (NO CENTS)

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C. How much of the \$10,151 did you spend for the beneficiary's food and housing between 02/01/2017 and 01/31/2018?

		8	,	2	9	1
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D. How much of the \$10,151 did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between 02/01/2017 and 01/31/2018?

		1	,	8	6	0
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E. How much, if any, of the \$10,151 did you save for the beneficiary as of 01/31/2018? If none, show zeros.

0	0	0	,	0	0	0
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6235B



FOR SSA USE ONLY

ATT  MARK  SIG   
UND1  UND2  OTH

3. If you showed an amount in 2.E. (front page), place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT

B. TITLE OF ACCOUNT

Savings/Checking Account  U.S. Savings Bonds  Certificates of Deposit  Collective Savings/Checking Account  Treasury Bills  Other   
Beneficiary's Name by Your Name  Your Name for Beneficiary's Name  Other

4. Answer this question only if you answered "OTHER" in 3.A. or 3.B. above. If you answered "OTHER" in 3.A. or 3.B., show the type of account or investment, or the title of the account in which the benefits are saved.

A. TYPE OF ACCOUNT

B. TITLE OF ACCOUNT

REMARKS

         resides in a treatment foster home. Her expenses exceed the amount of money received nine fold. Rolling 12 months expenditures total amount is \$94,475.00

NEW ADDRESS

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

PAYEE'S SIGNATURE

DATE

5.

7.

PRINT JOB TITLE

DAYTIME TELEPHONE NUMBER(S)  
(Include area code and extension)

6.

8.

Area Code

Extension

[Letterhead]

[Date]

Social Security Administration  
[Local Field Office Name]  
[Address]

Re: SSI Benefits for [Name of Child]  
SSN: [###-##-####], DOB: [MM/DD/YYYY]

To Social Security Administration:

By this letter, the [County Name] County Department of Social Services (the "LDSS") informs you of a change in State policy, effective October 1, 2018, regarding the LDSS's determinations how the beneficiary's SSI benefits are spent or saved when the LDSS is acting in its capacity as representative payee for the above-referenced child ("beneficiary").

- If the beneficiary is 14 or 15 years on the first day of the calendar month in which the SSI benefits are received, the LDSS will spend no more than 60% of the benefits to pay for the ordinary cost of the beneficiary's foster care.
- If the beneficiary is 16 or 17 years on the first day of the calendar month in which the SSI benefits are received, the LDSS will spend no more than 20% of the benefits to pay for the ordinary cost of the beneficiary's foster care.
- If the beneficiary is at least 18 years old on the first day of the calendar month in which the SSI benefits are received, the LDSS will spend none of the benefits to pay for the ordinary cost of the beneficiary's foster care.

The LDSS will continue to ensure that the beneficiary's needs are met, that the SSI benefits are expended for the beneficiary's use and benefit, and that any remaining funds are conserved in accordance with 20 C.F.R. § 416.645. Please let me know if the above change in policy will have an impact on the benefit amount or if you have any questions. I can be reached by phone at [phone number] or by email at [email address]. Thank you for your assistance in this matter.

Sincerely,

[Name]

[Title]

Appointed as Representative Payee for [Full  
Name of Child]

cc: [Name of Child's Attorney], for [Full Name of Child]

Sample for Illustrative Purposes

Attachment D

AGENCY CONTROL #

FLEX FUNDS — PURCHASE AUTHORIZATION / VOUCHER  
(instructions on reverse)

729427

1. VENDOR NAME AND ADDRESS Walmart 1206 Main Street Newtown, NY 53218		5. CASE NAME Joey Smith	6. DATE OF REQUEST 9-20-18
2. VENDOR TELEPHONE 347-111-2222		7. CASE NUMBER 7111111	8. COST NOT TO EXCEED \$ 189.28
3. FED ID # / SOC SEC # 01-0101010		9. WORKER NAME Samantha Jones	10. WORKER TELEPHONE 410-671-1111
4. LDSS NAME AND ADDRESS Worcester County Social Services 299 Commerce Street Snow Hill, MD 21863		11. SUPERVISORY APPROVAL (please file copy) Shannon Edge DATE 9-20-18	12. LDSS DIRECTOR / DESIGNEE APPROVAL Matthew Mounchay DATE 9/20/18
16. TYPE OF PURCHASE / ITEMS REQUESTED <input type="checkbox"/> SERVICE <input type="checkbox"/> SUPPLIES <input checked="" type="checkbox"/> GOODS		13. FISCAL Tash Rose DATE 9-22-18	14. VENDOR SIGNATURE (certifies delivery of items below) DATE
		15. CLIENT SIGNATURE (certifies receipt of items below) DATE	16A. NUMBER OF CHILDREN SERVED 1
		16B. NUMBER OF FAMILIES SERVED	

Lap top for child in care for school.

VENDOR PLEASE NOTE:  
\* DO NOT REFUND CASH TO CLIENTS WHO HAVE PURCHASED WITH A VOUCHER!  
- This includes requests to return merchandise for cash and/or  
- If purchases are less than the authorized amount, do not refund the difference.

TOTAL ACTUAL COST \$ 189.28  
(sales receipt included)

17. CHARGE TO PROGRAM NAME Assistance Account	BUDGET CODE PROGRAM / PROJECT CODE	OBJECT / SUB. OBJ	18. METHOD OF AWARD <input type="checkbox"/> COMPETITIVE BID ( See #19) <input type="checkbox"/> PRE-AWARD VENDOR <input type="checkbox"/> 1 BID <input type="checkbox"/> SOLE SOURCE
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19. OTHER BIDDERS (include name, address, telephone, bid amt.)

20. PAYMENT METHOD <input type="checkbox"/> TO VENDOR (upon receipt of voucher) <input checked="" type="checkbox"/> TO VENDOR <input type="checkbox"/> DUAL PAYEE CHECK (receipt of items by client must be verified)	20a. ELIGIBILITY IV-E Non-Fed
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21. JUSTIFICATION (explain clearly and concisely the need for purchase.)  
Please provide check to Walmart for \$189.28 out of Joey Smith's funds before SNT transfer.

Date: September 20, 2018

Memo

TO: Finance

FR: Samantha Jones

RE:

I am requesting \$189.28 for [redacted] from his child Assistance Account to purchase a lap top for school. This is required for him to keep up with his class work. I will be making the purchase from Walmart. I will return the receipt to Finance within 5 business days.



**Special Needs Trusts (SNT)  
DHS/SSA Information Sheet**

The following information sheet provides some background information on three (3) Special Needs Trusts that have presented information to the staff at DHS/SSA. The decision about which trust to use is to be made by the representative payee, in consultation with the child and their team (attorney, family). Should other options outside of these Special Needs Trusts be considered, it would be important to ensure that they meet the following guidelines:

- The SNT must be in compliance with Social Security Regulations (to check the status of this go to following website .....);
- The initiation fee cannot be more than \$ 500;
- The SNT shall be willing to work in collaboration with the child's team, to include the LDSS caseworker.

This information is presented in alphabetical order with no preference to any one SNT provider. Please use the contact information for each to inquire further about their specific plans and procedures.

**1. ARC Northern Virginia Special Needs Trust (<https://thearcofnova.org/about-us/>)**

2755 Hartland Road, Suite 200  
 Falls Church, VA 22043  
 Executive Director, Rikki Epstein  
 Email: [Info@thearcofnova.org](mailto:Info@thearcofnova.org)  
 Phone: 703-208-1119  
 Fax: 703-208-0906

The Arc Northern Virginia Special Need Trust was established in 1999. The Trust Program was designed to improve the quality of life for all individuals with disabilities while providing resources for their ongoing supplemental needs. The Special Need Trusts are managed by The Arc of Northern Virginia, with pre-approval from the Social Security Administration, the Virginia Department of Social Services, the Maryland Attorney General's Office, and courts in Washington DC. The goal of the Special Need Trust Program is to provide financial security to all people with disabilities, and thus a higher quality of life, knowing that their public benefits are safeguarded.

Minimum Funding required	Initiation Fee	Maintenance Fee(Specify)	Frequency of Accounting Statements	Services provided by SNT	Allowable expenses (Specify)
No Minimum or Maximum \$0.00	One-time enrollment fee of \$525 (50% discount from the full price of \$1,050)	Annual 0.9% fee charged by Key Bank (trustee) on a quarterly basis  Annual 0.75% fee charged by The Arc of NOVA on a quarterly basis	Monthly trust accounting statements mailed to client and other parties as requested by the Grantor	-Free consultation with Director of Trusts. -Documents preparation to establish trust. -Trust disbursements and updates as needed. -Investment of the trust funds -Trustee prepares annual tax documents -Additional Advocate service per request.	Typical disbursements may include (but is not limited to) cable/TV bill, cell phone bill, dental bill, car insurance, clothing, vacations, furniture, tuition, pets, recreation, etc.

## **ARC Northern Virginia Special Needs Trust (continued)**

What are the expectations for accounts that become inactive due to change in a beneficiary's disability status?

Our special needs trust program serves individuals with all disabilities, including intellectual and developmental disabilities, as well as mental health issues. As long as the individual has a disability, the trust can be disbursed for their needs and to enhance their quality of life. If the individual is not disabled, the trust can be spent down and closed.

What is the process for the beneficiary to access funds from the account?

The Primary Representative (PR) assigned to the trust (which is appointed by the Grantor, the person establishing the trust) may submit disbursement requests to The Arc of NOVA's trust team. Our trust team processes disbursement requests on a daily basis. The PR sends our trust team a signed one-page Disbursement Request Form along with backup documentation (such as a bill, invoice, receipt, or training invoice). Our team reviews each request carefully and then the Director of Trusts approves the request. The request is submitted to our Trustee and then payment is sent to the recipient the next day.

How many trust administrators do you have? Do the trust administrators provide the services to the client?

We have five trust administrators in our trust team.

The Director of Trusts provides one-on-one meetings with the individual and their families and representatives to establish the trust and explain the trust documents. Once the trust is established and funded, our trust team works with individuals and their families to update trust documents as needed. The Account Manager processes disbursement requests every day for our clients to ensure timely payments. We are also happy to provide face-to-face or phone meetings to discuss with individuals and their families, as well as service providers, the disbursement process, to set up budgets, and troubleshoot issues. Additionally, we offer Advocate services to individuals as a fee-for-service. Our Trustee has a team of knowledgeable and experienced trust administrators and managers who process the disbursements requests and mail payments to the appropriate recipients. Our Trustee also provides investment and tax support for the trusts.

**2. First Disability Special Needs Trust- (<http://www.firstmdtrust.org/about-us/>)**

1400 Front Avenue, Suite 303  
 Lutherville, MD 21093  
 Executive Director: Denise Fike  
 Email: [dfike@firstmdtrust.org](mailto:dfike@firstmdtrust.org)  
 Phone: 410-296-4408  
 Fax: 410-296-1290

First Maryland Disability Trust Inc. is a nonprofit organization created in year 2005 to help Marylanders with disabilities. Their goal was to preserve and protect individuals eligible for public benefits and improve their quality of life. First Maryland Trust provides services that protect, manage and use trust asset for beneficiaries while preserving the individual eligibility for benefits.

Minimum Funding required	Initiation Fee	Maintenance Fee(Specify)	Frequency of Accounting Statements	Services provided by SNT	Allowable expenses (Specify)
\$0.00	Accts under \$7500.00 = \$500.00 Over \$7500 = \$1,000.00	Accts under \$7500 = \$200 per/yr Acct over 7500 = greater of \$400.00 or 1.7%	Quarterly	Financial management of funds. We will facilitate case management  Applying for SSA Rep Payee status	Food/Shelter (depending on benefits) Travel Medical Dental Prescriptions Animals Education Vehicle or Transportation

### **First Disability Special Needs Trust (continued)**

What are the expectations for accounts that become inactive due to change in a beneficiary's disability status?

Our "inactive" accounts are those which are low balance and do not receive income nor fees. If the client has a change in disability benefits, we would work with that client to determine if the Trust becomes "inactive" or just does not receive additional funding.

What is the process for the beneficiary to access funds from the account?

We have a disbursement form that needs to be completed and submitted. If the request is received by Monday it is usually out by Thursday unless we have questions in which case we will call the person requesting funds.

How many trust administrators do you have? Do the trust administrators provide the services to the client?

We have two (2) full time trust administrators, one (1) trust assistant and additional staff. The trust administrators and assistant work directly with the clients regarding funds, budgets, distributions, assisting with reporting to agencies, etc. Our trust administrators help facilitate and review case management services if needed.

**3. Shared Horizons Special Needs Trust (<https://www.shared-horizons.org/about-us>)**

4301 Connecticut Ave., NW  
 Suite 310  
 Washington, DC 20008  
 Executive Director: Yolanda Mazyck  
 Email: [info@shared-horizons.org](mailto:info@shared-horizons.org)  
 Phone: (202) 448 - 1460  
 Fax: (202) 448 - 1461

Shared Horizons Inc. is a nonprofit organization created in year 2004 in the District of Columbia. Shared Horizon Trusts has been reviewed and approved by Social security and Medicaid Departments in DC, Maryland, Virginia and Georgia. Shared Horizon Mission is to help people with disabilities and their families access an affordable Special Need trust option that will protect their benefits while preserving their personal finances.

Minimum Funding required	Initiation Fee	Maintenance Fee(Specify)	Frequency of Accounting Statements	Services provided by SNT	Allowable expenses (Specify)
\$500 for Pilot Program	\$500	\$200 starting on anniversary date	3 Quarterly + a year-end	-Face to Face Access -Quality of Life Planning	The following examples are not exclusive, but illustrate the types of special, supplemental, non-support disbursements from the Trust: Dental & Medical not covered by Medicaid -Education & supplies -Household fixtures -Vacations -Telephone, Internet and -Cable services -Electronics -Transportation -Entertainment or recreational activities -Clothing, etc.
\$5000 for Standard Program	\$1200	Tiers based on acct. balance:  \$5,000 - \$10,000 \$475 flat fee  \$10,001 to \$25,000 \$575 flat fee  Etc. <i>Investments will off-set annual fee with interest earnings</i>	Balances provided as requested  Interim Reports provided with 24 notices	-Budgeting -Consultation w/Providers & Support Teams -Limited Trust/Benefit Legal support if needed	

## **Shared Horizons Special Needs Trust (continued)**

What are the expectations for accounts that become inactive due to change in a beneficiary's disability status:

Should a beneficiary's disability status change, meaning they are no longer deemed to have a disability by SSA guidelines, then the account can be dissolved or terminated. This dissolution may result in a Medicaid Payback. The committee should discuss whether Medicaid will impose a recovery in this situation.

What is the process for the beneficiary to access funds from the account:

Disbursement may be made several ways:

1. monthly bill payments (mobile phone, cable, internet, etc.) require a simple ONE-TIME change of billing address. The Trust will pay upon receipt, no further action is required by the beneficiary unless there is an address change
2. Completion of a Request Form which can be completed on a computer and emailed, faxed, mailed or dropped-off at the office. If requests are received by close of business Tuesday, and there is no further information needed, the check will be processed Thursday.
3. PEX (Personal Exchange) reloadable Debit Card, which was approved for use by SSA due to the Trustee's control and ability to block certain purchases. Beneficiaries must complete an orientation session (by phone or in office) before approved to use the card, however, once approved, funds can be uploaded "real-time" or as scheduled. Monthly uploads occur on the 10<sup>th</sup> of every month for beneficiary on a monthly upload schedule. Otherwise uploads may occur as requested or when receipts are received.

How many trust administrators do you have? Do the trust administrators provide the services to the client:

Shared Horizons' has a total of six full time employees. I share that information because it is important to know that we work as a team to ensure beneficiaries and the support network have what they need to ensure quality of life is enhanced. We do however have two Trust Administrators with a Trust Specialist position pending.

[Letterhead]

[Date]

Social Security Administration  
[Local Field Office Name]  
[Address]

Re: SSI Benefits for [Name of Child]  
SSN: [###-##-####], DOB: [MM/DD/YYYY]

To Social Security Administration:

By this letter, the [County Name] County Department of Social Services (the "LDSS") informs you that an account has been established for the above referenced child with the following Special Needs Trust:

[Name of Special Needs Trust]  
[Address of Special Needs Trust]  
[Phone # of Special Needs Trust]  
[Contact Person at Special Needs Trust]

This account has been established for the child's use and benefit. I can be reached by phone at [phone number] or by email at [email address]. Thank you for your assistance in this matter.

Sincerely,

[Name]  
[Title]  
Appointed as Representative Payee for [Full  
Name of Child]

cc: [Name of Child's Attorney], for [Full Name of Child]