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## HOW TO USE A POOLED INCOME TRUST TO OBTAIN MEDICAID WITHOUT A “EXCESS INCOME” OR SPEND-DOWN

Using a Supplemental Needs Trust to Eliminate the Spend-down for Persons who are Elderly (65+), Blind or Disabled

**The Problem:** Medicaid serves people with limited finances, including elderly, blind, and disabled persons. The Medicaid levels are \$859 for singles and \$1,267 for couples (2019).<sup>1</sup> People whose income exceeds these levels must “spend-down” their income to meet these levels. The amount by which their income exceeds these levels after they have paid for Medicare Part B and any other health insurance premiums is referred to as the “spend-down.” Every month, they must first incur medical bills in an amount that equals their “spend-down” to qualify for Medicaid. Some people may be able to meet their “spend-down” by using bills other than their current regular monthly medical bills.<sup>2</sup>

Since living costs are so high in New York, no one can live at the Medicaid levels. So the “spend-down” is a huge burden and makes it impossible for many people to get Medicaid.

**Why Do I Need Medicaid?** For many clients, Medicaid provides access to home care, which is not paid for by Medicare, and which is very expensive when paid for out of pocket. Also, any Medicaid beneficiary is deemed eligible for **Extra Help**, the Low Income Subsidy for the Medicare Part D drug program. This greatly reduces the cost of Part D—it pays the monthly Part D premium, eliminates the annual deductible and “donut hole,” and reduces drug copayments.

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<sup>1</sup> Medicaid further grants a disregard of \$20/mo. per household of *unearned* income for disabled, aged and blind applicants. There is also a disregard available for *earned* income, which is beyond the scope of this fact sheet.

<sup>2</sup> They can use to meet the spend-down:

- old *unpaid* and unreimbursed medical bills they still owe and *paid* bills for medical care received within the 3 months before they applied for Medicaid
- over-the-counter or other medical expenses Medicaid and Medicare do not pay for, if a doctor says in writing that they are medically necessary
- the amounts that EPIC or ADAP have paid for their prescription costs, beginning up to three months before they applied for Medicaid, in addition to the co-payments the client pays for these programs

See complete outline on spend-down posted at <http://wnylc.com/health/download/70/>.

**The Solution:** People of any age who are disabled may enroll in a pooled “Supplemental Needs Trust” sponsored by a non-profit organization. There are now many pooled trusts in New York State. This fact sheet uses one trust—the Center for Disability Rights (CDR) pooled trust—as an example.<sup>3</sup> The Trust is open to any person who is “disabled” as defined by the Social Security laws. When the client joins the Trust, she agrees to deposit with the Trust each month the amount of her “spend-down.” Once the Trust documents are signed, and the local Medicaid program approves the Trust enrollment, Medicaid will change the budget so that the client has NO SPEND-DOWN. The client requests the Trust to pay certain bills, such as rent, mortgage, electric, etc. from the money the client sends in each month. This is explained more below.

**EXAMPLE:**

Sally is age 67. Her gross Social Security is \$1,875 per month. Her Medicare Part B premium of \$135.50 is deducted from her check, so she receives \$1,739.50. She also pays for an AARP Medigap policy of \$261/mo.

Sally’s spend-down calculation is:

<u>Total Income</u>	\$1875.00	Gross Income
	- 135.50	- Medicare Part B premium
	- 20.00	- Disregard for aged, disabled (standard)
	- 261.00	- <u>AARP - Medigap premium (Plan F)</u>
	<u>- 416.50</u>	TOTAL DEDUCTIONS
	1458.50	Countable net income
	- 859.00	- Medicaid level for ONE (2019)
	<b>\$ 599.50</b>	<b>Spend-down or Excess Income</b>

<u>Monthly Expenses</u>	
Rent	\$850
Con Ed	40 (average)
Phone	60 (average)
AARP Medigap	261 (was deducted in Medicaid budget)
Food	280
Transportation	80
Cable	70
Clothing, household, leisure, etc.	<u>234</u>
<u>TOTAL</u>	\$1875

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<sup>3</sup> There are many non-profit organizations in New York State that offer pooled Supplemental Needs Trusts- see <http://wnylc.com/health/entry/4/> for an unofficial list. New ones have sprouted recently.

## WHAT'S INSIDE

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### **STEPS FOR ENROLLING IN A POOLED TRUST**

There are five steps to enrolling into a pooled trust, each of which is explained below. Any forms required are available here: <http://www.wnylc.com/health/entry/44/>. The five steps are:

- Apply for Medicaid with a Spend-Down
- Enroll in the Pooled Supplemental Needs Trust
- Decide How Much to Deposit into the Trust
- Alert Medicaid to the SNT; Request Re-Budgeting to Eliminate Spend-down
- Follow-Up and Ensure Medicaid Re-Budgeting Is Done Correctly

#### **✓ STEP 1 - Apply for Medicaid with a Spend-Down**

The first step is to apply for Medicaid with a spend-down. If you need to start getting Medicaid home care or other services quickly, it is best to first apply for Medicaid WITHOUT enrolling in the pooled trust, and then enroll in the pooled trust once your Medicaid application has been filed. This is because Medicaid is approved more quickly if you are not yet enrolled in the pooled trust. By applying for Medicaid first, before enrolling in the trust, the person can start receiving home care services while the following steps are being worked on.

When you are approved for Medicaid with a spend-down, if you begin receiving home care from a Managed Long Term Care (MLTC) plan or certified home care agency or other home care agency, you are expected to pay your spend-down to the plan or agency every month. You will probably be unable to do this because you are sending the money to the SNT. Explain to the plan or agency that your spend-down will eventually be retroactively reduced to zero and that they will then be able to back-bill Medicaid for the spend-down amount. Some plans will ask for proof that you have submitted your SNT enrollment to Medicaid for approval.

**Applicants for Medicaid who want to enroll in MLTC must make it clear at the time of application that they wish to ultimately enroll in an MLTC plan.**

## ✓ **STEP 2 - Enroll in the Pooled Supplemental Needs Trust**

The second step is to **enroll in the pooled SNT**. Most pooled SNTs have a list of documents on their website, including FAQs and Procedures which you should read before enrolling. There are many Pooled SNTs in New York, available at <http://www.wnylc.com/health/entry/4/>.

Using the Center for Disability Rights (CDR) SNT as an example, here is what you need to send CDR to enroll. All forms can be downloaded – see link in CDR entry on the list of trusts found at <http://www.wnylc.com/health/entry/4/>. All trusts have different enrollment fees and forms.

- Beneficiary Profile & Joinder Agreement - Filled out and signed before a notary public.
- Disbursement/Withdrawal Form - For every expense that you want CDR to pay for you, you need to submit one of these forms and attach proof that the amount is due (e.g. a copy of your lease, monthly utility bill, credit card statement). Carefully read the SNT's rules to make sure they will pay the type of expense. Remember the expense has to be yours and not anyone else's or a gift for anyone else. Also, the SNT will never pay you – the Medicaid recipient -- directly.
- ACH Request Form - If you want CDR to make automatic withdrawals from your bank account each month in the amount of your monthly SNT contribution. You can specify the day of the month that the withdrawal is made.
- FEE - Enrollment funds (check or money order) - Payable to CDR (minimum initial deposit is \$240 but see below for advice about how much to send for your full monthly contribution). Every trust has different fees. For example, see the NYSARC Community Trust II Fee Schedule - [https://www.nysarctrustservices.org/download\\_file/6/144/](https://www.nysarctrustservices.org/download_file/6/144/) and see other trusts at <http://www.wnylc.com/health/entry/4/>.

CDR and the other trust organizations will take about 2 weeks to process your application, and if you are enrolled in their SNT, they will send you an Acceptance Letter. Keep that handy because you will need it in Step Three.

## ✓ **STEP 3 - Decide How Much to Deposit into the Trust**

Here are some tips for deciding how much to put into the trust each month. For help determining the appropriate amount to contribute each month to eliminate your spend-down, obtain the Medicare Savings Program, and ensure that all SNT fees and your bills are paid, use this Excel worksheet at <http://www.wnylc.com/health/download/316/>.

**The Bare Minimum – Actual Spend-down amount.** At a minimum, deposit your actual spend-down. For example, if Sally (example on page 2 above) deposits \$599.50 each month into the Trust, once Medicaid approves it, she will have NO spend-down. With this option, CDR keeps \$20 as a monthly fee, and \$579.00 is available to pay her bills.

**Strategy Tip #1: Enough to pay full rent:** How much should she put in the Trust each month if she wants the Trust to pay her rent? If she puts her exact spend-down of \$599.50 into the Trust, so that \$579.50 is left to pay her bills after the Trust fee, she could have the trust pay \$579.50 of the rent and she would pay the balance to the landlord. Alternately, she can put \$870 into the Trust which would include the \$20 fee and the \$850 rent. Some trusts, such as NYSARC have a fee scale with higher fees for higher monthly deposits. The convenience of having the trust pay the whole rent may be worth it.

**Strategy Tip #2: Extra benefit of the Trust - Medicare Savings Program (MSP) -** By reducing one's "countable" income, one also becomes eligible for one of the Medicare Savings Programs. These programs pay the Medicare Part B premium—\$135.50 in 2019—a savings that more than offsets the monthly Trust fee. For the income limits and more info see: <http://tinyurl.com/W393P> and <http://wnylc.com/health/entry/99>. Once Medicaid starts paying her Part B premium through the MSP, her Social Security check will increase by \$135.50. As a result, her spend-down will also increase by \$135.50. If Sally wants to be in MSP, and also have no spend-down, she should increase her monthly trust deposit by \$135.50. For help determining the appropriate amount to contribute each month to eliminate your spend-down, obtain the Medicare Savings Program, and ensure that all SNT fees and your bills are paid, you can use [this Excel worksheet](http://www.wnyc.com/health/download/316/) (<http://www.wnyc.com/health/download/316/>).

**\*\* MSP TIP:** If you were contributing the extra \$135.50 to the SNT, you will be retroactively enrolled in MSP, and you will receive a reimbursement for the Part B premiums you paid while contributing to the SNT. For this to work, you must continue making your deposit in the SNT every month.

**\*\* APPLICATION TIP WITH MSP:** On the Medicaid application, write across the top of the first page that the client is applying for both Medicaid AND the Medicare Savings Program. The Medicaid office is required to screen the client for MSP anyway, but it helps to remind them. See GIS 05/MA033, at <http://tinyurl.com/L7AUSK> .

**Strategy Tip #3: WARNING - Deposit only what you can routinely spend every month - Do not let the trust deposit accumulate!** If you do not spend the money deposited each month into the Trust, and it accumulates, then you may be denied Medicaid to pay for nursing home care if you need it in the next five years. This is because of the Deficit Reduction Act enacted Feb. 8, 2006. Transfers of assets made by someone age 65 or over after that date can cause a delay (transfer penalty) in qualifying for Medicaid to pay for nursing home care for five years. This delay for nursing home eligibility can also be triggered by transfers of income into a Trust by someone age 65+ if the income is not spent. Fortunately, the New York State Department of Health has said that placing income into a pooled Trust will not result in a transfer penalty for Medicaid coverage of nursing home care, as long as the balance of the pooled Trust account does not accumulate. NYS Dept. of Health GIS 08 MA/020, *Transfers to Pooled Trusts by Disabled Individuals Age 65 and Over* (July 24, 2008), available at [https://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/08ma020.pdf](https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/08ma020.pdf). If the individual needs Medicaid coverage of nursing home care in the future, the amount of money remaining in the trust account that has not been spent on rent and other expenses will be

deemed a transfer of assets and a penalty imposed. For more information on these rules, see <http://wnylc.com/health/entry/38/>.

**Strategy Tip #4: Married couples** - If both spouses need Medicaid, it may be possible for only one to establish a Trust account, depending on their respective incomes. This can spare the couple administrative fees and administrative hassle. Their combined income remaining after taking all deductions, and after the deposit into the Trust, must still be the Medicaid couple income limit (\$1267/mo. in 2019).

**MARRIED COUPLE EXAMPLE:**

Sally has the same income and insurance as in the example above, but is married to John whose gross income is \$900. John and Sally also have the same AARP Medigap policy. Their budget would be as follows:

\$1875.00	Gross Income - Sally
<u>900.00</u>	<u>Gross Income - John</u>
2775.00	TOTAL GROSS INCOME
- 271.00	Medicare Part B premium x 2
- 20.00	Disregard for aged, disabled (only \$20/couple)
<u>- 313.00</u>	<u>AARP Medigap premium (Plan A) (156.50 x 2)</u>
<u>- 604.00</u>	TOTAL DEDUCTIONS
2171.00	Countable net income
2171.00	Countable net income
<u>-1267.00</u>	Medicaid level for TWO (2018)
904.00	Spend-down as a couple
<u>+ 271.00</u>	Extra to deposit for Medicare Savings Program
<b>\$1175.00</b>	<b>Total to deposit if want MSP</b>

If they are applying as a couple, assuming they are both disabled, it makes more sense for Sally to establish a trust, since John's income isn't high enough to deposit \$1175.00, which is the full spend-down plus the extra \$271.00 if they want to enroll in an MSP and still have no spend-down. Since John only has \$900 in income, it may make more sense to keep his entire income, and have Sally enroll in the Trust and deposit \$1175.00 into the Trust.

But note: if Sally was not disabled, then only John could enroll in the Trust.<sup>4</sup> And in some cases, both spouses will need to join the Trust if both have higher incomes.

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<sup>4</sup> Let's say John enrolled in the Trust because Sally was not disabled. But let's say his income was much lower - only \$500 and hers was \$500 higher than in the example. One fair hearing decision held that he may deposit HER income into HIS Trust to reduce his or their spend-down. See In the Matter of J.T., Fair Hearing No. 4576742M (Nov. 16, 2006), available from Fair Hearing Database at <http://onlineresources.wnylc.net>

**Strategy Tip #5: If you don't have Medicare, don't reduce spend -down to ZERO- Keep a nominal spend-down - Even a few dollars.** Why? For people who do not have Medicare, it may be advantageous to retain a minimal spend-down to avoid being required to enroll in a Medicaid Managed Care Plan. Currently, having a spend-down means one is exempt from the requirement to enroll in a Managed Care Plan. See at <http://wnylc.com/health/entry/166/>. Caution: These programs are changing rapidly so check back for updates. (If the client has Medicare and needs long term care, she will be required to enroll in a Medicaid Managed Long Term Care plan even if she has a spend-down.)

✓ **STEP 4 - Alert Medicaid to the SNT; Request Re-Budgeting to Eliminate Spend-down**

The fourth step is to **notify Medicaid that you have a pooled trust (SNT) account**. You do this by proving to your local Dept. of Social Services (in NYC that is the NYC HRA Medicaid program) that you are enrolled in an SNT and making monthly deposits, and that you are disabled. It is strongly recommended that you include a cover letter with your submission to the local social services office. Each of these is discussed in greater detail below.

**1. Proof that you are enrolled in a SNT - You need to send:**

- **Master Trust Agreement**- available as a printable PDF on the SNT's website
- **Beneficiary Profile Sheet and Joinder Agreement**, signed by both you and the trustee (CDR for example) - The version sent to you with your Acceptance Letter will have the trustee's signature
- **Acceptance Letter**
- **Verification of Deposits** - If you are sending this paperwork more than a month after you were accepted into the SNT, you need to send proof that you have been making monthly deposits. You can call the SNT to ask for a statement.

**2. Proof that you are Disabled-** DOWNLOAD forms listed below at

<http://www.wnyc.com/health/entry/134/>

- If you have been approved for either SSDI or SSI benefits on the basis of a disability, then all you have to send to prove that you are disabled is a copy of your SSA Award Letter or SSA Disability Determination (that you got when you were first approved for benefits). Otherwise, you need to send the documents below and ask the DSS for a disability determination (<http://www.wnyc.com/health/entry/134/>)
- DSS-486T - Medical Report for Determination of Disability (Rev. 6/2012)  
This form needs to be filled out by your doctor(s). In January 2013, HRA published a Medicaid Alert stating that 12 months of medical records must be included with every 486T form. <http://www.wnyc.com/health/download/402/>. So if your primary care physician filled out a 486T, you need to send 12 months of records from their office. If any of your specialists filled out 486Ts then you need to send 12 months of records from their offices as well. If you are able to

get records from any hospitalizations or nursing home stays in the past 12 months, send those too. You want to ensure that the medical information you send gives Medicaid a clear picture of your medical and psychological conditions for them to base their disability determination on. So if your primary disability is treated by a specialist(s), be sure to get the 486T and medical records from that doctor(s).

- **NOTE:** The 486T form revised in June 2012 shortens the form from a 25-page form to a one page form, which is less intimidating to doctors. The old form consisted of numerous attachments that elicited information about the different body systems, such as a musculoskeletal or cardiac impairments. Those attachments, while burdensome, were helpful to show the criteria for "meeting the listings" to be found disabled (Step Three in the sequential evaluation process described in this article). <http://wnylc.com/health/entry/134/>. While no longer required, you might find some of these attachments helpful as a guide for your physician to provide information about particular conditions. Click here for the old 486T . <http://www.wnyc.com/health/download/60/>.
- DSS-1151 - Disability Questionnaire (Rev. 6/2012 to replace Disability Interview Form)  
[http://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/12ma027att2.pdf](http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma027att2.pdf)  
This form can be filled out by you, a social worker or family member.
- LDSS-1151.1 (6/2012) Disability Questionnaire Continuation Sheet - If you need more space than the lines on the DSS-1151 to list your medical providers or hospitalizations, you can use this form.
- OCA Official Form 960 - NY State HIPAA  
Per these Medicaid Alerts, <http://www.wnyc.com/health/download/599/> and <http://www.wnyc.com/health/download/402/>, you should submit **four** original copies of this form, signed and dated by the applicant. On **three** copies, leave the provider information blank. The **fourth** copy should be submitted if you want someone else (e.g., social worker, family member or attorney) to be able to talk with Medicaid about your case, and should name that individual in the two places indicated on the form.
- MAP-751e: Authorization to Release Medical Information  
Per this Medicaid alert, <http://www.wnyc.com/health/file/684/?f=1>, this form is now required for all disability determinations.  
<http://www.wnyc.com/health/file/685/?f=1>

### 3. Cover Letter

- Enclose a cover letter with this great packet of information, to explain what you are asking the DSS to do- rebudget your Medicaid case with no spend-down -



and why- because you have a SNT and are disabled. You can use this sample cover letter (<http://www.wnylc.com/health/download/64>) as a starting point. You should customize it to apply to your specific medical and psychological conditions and the information in the 486 and 1151 forms.

- Use the NYS Medicaid Disability Manual ([http://www.health.ny.gov/health\\_care/medicaid/reference/mdm/](http://www.health.ny.gov/health_care/medicaid/reference/mdm/)) as a guide for your specific disability(ies), which explains the "sequential evaluation process" for determining disability, has the Listing of Impairments, and other information.
- You should also ask to be enrolled in the **Medicare Savings Program (MSP)**, to have your Medicare Part B premium paid by Medicaid. Just as using the SNT has brought your income under the limit for Medicaid, if you have been contributing \$135.50 more to the SNT than your Medicaid spend-down, it has also brought your income under the limit for MSP. Click here for more information about this program - <http://www.wnylc.com/health/entry/99/>.

#### ✓ **STEP 5 - Follow-Up and Ensure Medicaid Re-Budgeting Is Done Correctly**

The last step on this journey is to make sure that the Medicaid case is re-budgeted properly. Once you have submitted the SNT and disability documentation to your DSS, they will typically take many months to process the information. You should eventually get a written notice stating that your Medicaid case has been re-budgeted with no spend-down (and telling you that you are enrolled in MSP if you applied for it). Make sure that the **effective date** of this notice is correct - it should be the month that you first began making a contribution of your full spend down amount (+\$135.50 if you wanted MSP) in the SNT. If it is not correct, you may have to request a Fair Hearing to appeal the notice for the date to be corrected (click here to request a hearing - <http://otda.ny.gov/hearings/>).

As you can see, this is one of the most complicated things you can do involving Medicaid. Many people find that it is worth hiring a private elder attorney ([www.naela.org](http://www.naela.org)) or geriatric care manager ([www.caremanager.org](http://www.caremanager.org)) to help with this process. Some free legal services (<http://www.lawhelpny.org/>) may be available to help, also. For more in-depth information on SNTs, including how a SNT affects eligibility for other public benefits, see our Training Outline for Advocates (<http://www.wnylc.com/health/download/9/>).

## FREQUENTLY ASKED QUESTIONS

**Q: What happens if the spend-down changes once the client has joined the Trust? For example, almost every year, the amount of Social Security increases for most retirees, increasing their spend-down.**

**A:** The client must increase the amount placed into the trust each month. Also, some pooled trusts require a sort of “security deposit” – the equivalent of one month’s spend-down to be on deposit at all times. If Social Security or other income goes up, the client may have to increase this deposit as well.

**Q: What bills may the Trust pay?**

**A: *WARNING: These rules are for people using a pooled trust solely for Medicaid only, not people who have SSI. If you have SSI and want to use a trust for a lawsuit settlement or other lump sum, the rules are different.***

The Trust may pay the client’s rent, mortgage, maintenance, utility bills, credit card bills, as long as it makes the payments directly to the landlord or other third party. Such in-kind payments are not considered “income” for Medicaid purposes, regardless of what the payments are for.<sup>5</sup> *The Trust may never give the client money directly—not even to reimburse the client!*

Rent or mortgage payments are the ideal expense for the trust to pay, since these expenses are consistent and most trusts will set up an automatic monthly payment. Some trusts will not put the client on automatic payment of rent or mortgage until the client has been enrolled and paid in the client’s spend-down for 3 months. So during the first 3 months the client must make individual disbursement requests for the client’s rent or mortgage. After that, ask for automatic payment.

Trusts vary on whether utility and other bills must be sent each month to the trust for payment, or whether bills on a budget plan with fixed monthly payments (“level billing”) may be automatically paid by the trust, like rent.

Though the trust may pay bills only for the benefit of the Trust beneficiary (the client), and NOT for the client’s family members or friends, payments that incidentally benefit a third party may be permissible, such as rent where the client’s spouse benefits from the payment. The client needs the trust’s permission to pay expenses that benefit a third party, such as paying the expenses for a travel companion of the beneficiary, or travel expenses for a close family member to visit the beneficiary.

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<sup>5</sup> 18 NYCRR § 360-4.3(e)

Some trusts permit reimbursement to a family member or other individual who paid for a client's expense, such as paying rent or buying clothing, if receipts are submitted. However, they must contact the trust to get approval BEFORE making the expenditure to assure reimbursement. The client herself can never be reimbursed.

Some trusts will pay credit card bills, provided that the bill is in the client's name, and that there are no past due charges being carried forward. The actual monthly bill must be submitted for the Trust to verify that no cash withdrawals were made. The Trust has the right to inquire whether the expenses were for the benefit of the beneficiary and not for anyone else.

Trusts may not honor disbursement requests for gifts, nor can charitable donations be made from the Trust.

Funds in a trust may pay for a pre-paid funeral agreement while the client is alive. Client may enter an installment plan for a funeral agreement with a funeral home and submit monthly installment bills to the trust to pay. NO POOLED TRUST may pay for funeral expenses after the client dies.

**Q: How does the client/beneficiary leave the Trust?**

**A:** The client leaves the Trust when she dies. Money left in the Trust when the client dies stays in the Trust for the benefit of other disabled persons. It may NOT be inherited by the client's family or heirs. Also, after the client's death, the Trust is very limited in what expenses it may pay for the client. The Trust may NOT pay funeral costs after the client's death. The Trust may NOT pay debts owed to third parties, such as paying off a mortgage, credit card debts, etc. The Trust also may NOT pay taxes due upon death, nor fees for administration of the estate. However, the Trust MAY pay the client's current expenses at the time of her death, such as the rent and current bills.

The client leaves when she is admitted to a nursing home. The type of Medicaid budget used in the nursing home does not allow the client to deposit income into a Trust to eliminate the spend-down. Once the client enters a nursing home the client stops making further deposits. The client can still submit expenses requests to the trust to use up any remaining funds.

The client may leave any time by stopping making any further monthly deposits. But if the client does that, the client's spend-down will go up. The spend-down is reduced only as long as the client makes monthly deposits. At annual recertifications, Medicaid will request proof that these deposits are being made.

The trust must be notified in writing of any change in participation of the Trust in order to free up the remaining one month security deposit, if any.

**Q: Who can I contact if I have trouble with this process?**

**A: TROUBLESHOOTING** - Each local Medicaid office may have contact people to troubleshoot SNT problems.

**In NYC** - Here are suggested contacts within HRA. CAUTION: The time limit to request a fair hearing can run out, even if you are trying to informally advocate. Keep your eye on the deadlines!

- **HOME CARE CASES** – When a client has or is seeking MLTC, CHHA or CASA home care, the Medicaid application and SNT documents should be sent to- HRA HCSP Central Medicaid Unit, 785 Atlantic Avenue, 7th Floor, Brooklyn, NY 11238
  - Contact person- Yvette Poole-Brooks [poolebrooksy@hra.nyc.gov](mailto:poolebrooksy@hra.nyc.gov) Phone (929) 221-2493 Fax (718) 636-7848
- **NON-HOME CARE CASES** – The Medicaid application and SNT documents can be turned in at "regular" Medicaid offices where they will then be sent internally to the Spend-Down Unit
  - Contact Person- Eileen Fraser-Smith [fraser-smithe@hra.nyc.gov](mailto:fraser-smithe@hra.nyc.gov) Phone (929) 221-0868/69 Fax (718) 636-7847
  - Eligibility Information Services- Phone (929) 221-0865/66/67/68

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**ONLINE LINKS**

<http://wnylc.com/health/14/> - General info on supplemental needs trusts

<http://www.wnyc.com/health/download/9/> - training outline on SNTs posted (updated May 2014) explained how Supplemental Needs Trusts work (both individual and pooled). The Appendix includes information on how they affect eligibility for many different public benefits.

<http://www.wnyc.com/health/entry/134/> -Proof of Disability forms

<http://www.wnyc.com/health/entry/4/> - Contact List of pooled trusts in NYS

Watch this taped seminar by David Silva, Asst. Director of the Evelyn Frank Legal Resources Program, explaining pooled trusts. (July 16, 2013)

<https://www.youtube.com/watch?v=oRR7VM4HdJ4>

Visit NY Health Access at <http://nyhealthaccess.org>.

**New York Legal Assistance Group (NYLAG), Evelyn Frank Legal Resources Program**

For intake please call or email: 212-613-7310 or [eflrp@nylag.org](mailto:eflrp@nylag.org)