

Beneficiary Handbook

Revised: 04/29/2022

Please note that this handbook may be updated as policies are updated. The most current version will always be posted on our website. Please check the online version at the following link to review any recent updates:

https://www.cfpdtrust.org/for-beneficiaries/beneficiary-handbook.html

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www.cfpdtrust.org

Welcome!

CFPD Beneficiaries:

Welcome to CFPD! We are happy that you have chosen CFPD as your Trustee and we look forward to serving you. From buying socks to buying a home, your Trust can be used for many different things to enrich your life. As a new CFPD trust beneficiary, we understand that some of the rules around Supplemental Needs Trusts (SNTs) may feel complex; therefore, we have created this Beneficiary Handbook to serve as your reference guide for SNT administration and important things to know. This handbook will provide you some helpful tools, such as:

- Information on how your SNT may be used
- A current listing of our Trust Distribution Policies
- A Supplemental Needs Request form (as an option to request funds from your trust)
- FAQs

We hope that you find this book to be a useful tool. We look forward to working with you and answering any questions you may have along the way. We hope that your trust adds value to your life. Thank you for allowing us to serve you!

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Table of Contents

Beneficiary Handbook 1

Welcome! 2

Table of Contents 3

About Us 5

General Trust Information 5

Understanding Expenditures 6

Frequently Asked Questions (FAQ) 8

Trust Distribution Policies 16

Attorney Fees Related to Trust *16*

Appeal of Trustee Decision Policy *17*

Background Check Policy *17*

Bills Incurred Prior to Trust Inception for Pooled Trust Beneficiaries Policy *17*

Client Grievance Policy *18*

Contract Work Policy *19*

Distributions from Trust to ABLE Account Policy *20*

End of Life Options Medication Request Policy *21*

Firearms, Crossbows & Ammunition Policy *22*

Gratuity Policy *22*

Home Purchase and Requirement of a Will *22*

Individuals Age 65 and Older Joining the Pooled Trust *23*

Medical Marijuana Policy *24*

Motor Vehicle Policy *26*

Moving and Storage (Bailment) of a Beneficiary's Personal Property Policy *28*

Payment of Caregiving Services and Legal Roles/Services *28*

Property in Trust Policy: Sole Trustee *30*

Replacing Lost or Stolen Items Multiple Times Policy *31*

Rental Vehicles Payment Policy *31*

1355 S. Colorado Blvd., Suite 920
Denver, CO 80222
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Travel Companion Policy *32*

Appendix 33

General Request Form Instructions: 34

General Request Form 35

Request Form Instructions (For Those Living in a Group Home or Host Home) 36

Request Form (Group Home or Host Home) 37

Travel Request Form Instructions 38

Travel Request Form 39

Statement of Satisfaction, Completion of Contract Work 40

Contractor Financial Agreement 41

Distribution From Supplemental Needs Trust to ABLE Account 42

Request for Medication to End my Life in a Peaceful Manner 43

End of Life Medication: Final Expenses Disclosure 45

Disclaimer for Individuals Age 65 and Older Joining the Pooled Trust 46

Acknowledgement Regarding Distribution of Medical Marijuana and Waiver 47

Security Agreement (Lien) 48

Update Notification to Beneficiaries 49

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About Us

Who We Are: The CFPD was established by a volunteer Board of Directors in 1994 to develop a supplemental needs Trust. The purpose of the Trust is to protect a person's Supplemental Security Income (SSI) and Medicaid from being impacted should they receive funds that would make them ineligible for these or other public benefits.

Our Mission: CFPD seeks to enhance the independence and quality of life for people who are elderly or disabled and their families. CFPD actively evaluates, monitors, oversees, coordinates and implements services in partnership with its clients and their families to ensure and maintain their rights, integrity and dignity.

General Trust Information

As you may know, there are many different types of SNTs, and therefore, certain differences in administering each type of trust. However as trustee, there are some key rules that we must follow in administering your trust. The information contained in the handbook will serve as a helpful guide to understanding the basics of your SNT.

In determining whether a trust request can be approved, CFPD must consider the following:

Pre-Approval: The Trust request must be pre-approved prior to any purchase made. Pre-approval is an important piece of an SNT, as it demonstrates to both the Social Security Administration and Medicaid, that the funds in the trust are controlled by the Trustee, CFPD, and not the Trust beneficiary. If the beneficiary is able to compel or direct distributions from the Trust, the Trust would not be considered a countable resource for purposes of SSI and Medicaid eligibility.

Sole Benefit: Distributions from the trust may be made only for the benefit of the individual beneficiary, and not to benefit any third party. For example, gifts to family members or friends are not permissible expenses as they are not for the sole benefit of the Trust beneficiary.

Cannot supplant or replace public benefits: Services or items for which the beneficiary is entitled to receive payment through another program cannot be otherwise paid from the Trust. For example, a medical bill that should be paid by Colorado Medicaid cannot be paid out of the Trust.

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Understanding Expenditures

Understanding which expenditures may be permitted from a Beneficiary's Trust can be complicated. All disbursements from a Trust are subject to the discretion of the Trustee and must be pre-approved. A Trustee takes into consideration many aspects affecting the Beneficiary, such as how much is in the Trust, age, special circumstances of the Beneficiary, SSI and Medicaid regulations. Request for Trust expenditures may only be requested as payment to third party vendors. All expenditures must be verified by an invoice or receipts.

Disclaimer: These are general rules. Distributions are based on each person's unique benefits. Each request will be reviewed on a case-by-case basis. Further, Trust requests for minors will be evaluated alongside Parental Duty of Support rules.

Examples of Expenses a Trust CAN Pay: Some items list below may not be appropriate for some beneficiaries. Different disbursement rules may apply to minor beneficiaries due to parental duty and obligations of support.

Distributions are based on each person's unique benefits. Each request will be reviewed on a case-by-case basis. Further, Trust requests for minors will be evaluated alongside Parental Duty of Support rules.

- **Recreation**:
  - Vacations
  - Companion
  - Entertainment
  - Subscriptions
  - Memberships
  - Pets and Supplies
  - Cable Television
- **Household**:
  - Deposit or full payment for a home
  - Home Maintenance
  - Telephone
  - Appliances
  - Furniture
  - Household Supplies and Equipment
  - Homeowners or renters insurance

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  - Electronic Equipment
  - Accessibility
- **Transportation**:
  - Bus Pass
  - Vehicle Purchase/Maintenance
  - Auto Insurance
  - Gasoline
  - Accessible Transportation
- **Education/Vocational:**
  - Education or Training
  - Computer / Printer / Software
- **Services:**
  - PRE-PAID burial expenses. Burial expenses on the death of a Beneficiary cannot be paid with Trust funds.
  - Attorney Services
  - Guardian or Conservator Services
  - Companion
  - Therapy or Treatment not covered by another source
  - Alternative Therapies
- **Personal/Medical Care:**
  - Dental / Dentures
  - Vitamins/Supplements
  - Over-the-counter Medications
  - Durable Medical Equipment (not covered by another source)
  - Glasses / contacts / vision screenings
  - Hearing Aides
  - Clothing
  - Hair care
  - Massage

Examples of Expenses NOT Typically Permitted:

- Cash or cash equivalents cannot be given directly to the Beneficiary
- Mortgage payment, rent payments
- Utility bills, property taxes, home owner or condo fees unless property is held in Trust
- Food or groceries, eating out at restaurants, fast food, etc. (except while on a trip.)

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- Gambling, lottery tickets, gifts of any kind, pawned items or items that can be considered a resource; firearms
- Third party benefits. This means payment for anything which primarily benefits someone other than the Beneficiary. An example would be gifts to family members.
- Services or items for which the Beneficiary is entitled to receive payment through another program. An example is prescription medication that should be paid by Medicaid.

Frequently Asked Questions (FAQ)

What is the difference between a First Party and Third Party Trust?

A **first party trust** refers to a trust established with money that belongs to the beneficiary; it's your money in trust for your own benefit. Common reasons people fund first party trusts include:

- Receipt of back pay from Social Security
- Accumulation of income, from benefits, wages or other sources
- Settlements from Personal Injury or Malpractice suits
- Inheritance that names a person directly as the beneficiary
- Sale of home.

A **third party trust** refers to one established with money that does not belong to the beneficiary. It's often established and funded by parents, grandparents or other family members. This can also be an option for funds generated by accounts like GoFundMe (please consult us *before* establishing or accepting funds from this type of account).

Common reasons people fund third party trusts include:

- Someone wants to leave funds to a person on disability benefits at their death, and directs that inheritance to trust rather than naming the beneficiary directly.
- Someone wants to gift funds to a person on disability benefits in the present.
- In both cases, the intention is to protect benefits.

Where does my trust money go if I pass away?

1st Party Trusts

First Party trusts hold your own money for your own benefit. If you're a member of the first party pooled trust, your funds will be directed to CFPD's Charitable Fund according to the trust document.

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If your trust is an individual trust and you have received Medicaid benefits, Medicaid has the first claim on any remainder funds. They will pursue a claim to collect on any Medicaid benefit money that was spent on you during your lifetime (not just the time during which you had a trust).

If your trust funds exceed the amount of Medicaid support you received in your life, the funds left over may be passed along to a designated beneficiary.

3rd Party Trusts

In a **third party trust**, one that holds money given to you by another person, it is up to the person funding the account (the Grantor) to decide where any funds would go if the primary beneficiary were to pass away with money remaining in trust. This is designated in writing to any person/entity the grantor chooses.

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What kind of things can my trust pay for?

Understanding Expenditures

Understanding which expenditures may be permitted from a Beneficiary's Trust can be complicated. All disbursements from a Trust are subject to the discretion of the Trustee and **must be pre-approved**. A Trustee takes into consideration many aspects affecting the Beneficiary, such as how much is in the Trust, age, special circumstances of the Beneficiary, SSI and Medicaid regulations. Request for Trust expenditures may only be requested as payment to third party vendors. All expenditures must be verified by an invoice or receipts.

Examples of Expenses a Trust CAN pay

Some items list below may not be appropriate for some beneficiaries.
Different disbursement rules may apply to minor beneficiaries due to parental duty and obligations of support.

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  - Subscriptions
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  - Cable Television
- **Household:**
  - Deposit or full payment for a home
  - Home Maintenance
  - Telephone
  - Appliances
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  - Homeowners or renters insurance
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  - Dental / Dentures
  - Vitamins/Supplements
  - Over-the-counter Medications
  - Durable Medical Equipment (not covered by another source)
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  - Hair care
  - Massage

Examples of Expenses NOT typically permitted

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- Gambling, lottery tickets, gifts of any kind, pawned items or items that can be considered a resource; firearms
- Third party benefits. This means payment for anything which primarily benefits someone other than the Beneficiary. An example would be gifts to family members.
- Services or items for which the Beneficiary is entitled to receive payment through another program. An example is prescription medication that should be paid by Medicaid.

* **Disclaimer: These are general rules. Distributions are based on each person's unique benefits. Each request will be reviewed on a case-by-case basis. Further, Trust requests for minors will be evaluated alongside Parental Duty of Support rules.**

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Who do I contact for a pre-paid burial plan?

In the initial application to join CFPD's trusts, we ask whether you, as the beneficiary, already have a burial/cremation policy and if not, whether you'd be interested in talking about one. This is important to address early on, as in a **First Party** trust, CFPD's ability to spend your money passes with you. If you haven't purchased a plan while alive, it cannot be done from trust after you pass.

In a **Third Party** trust, we can use your remainder funds to purchase a burial or cremation plan. Contact your CFPD Case Manager for referrals/recommendations to providers of funeral, burial and cremation providers.

Can I pay for food or housing with my trust?

Typically, no, but this is not always a simple question to answer and is dependent upon the public benefits that you individually receive.

SSI

If you are a recipient of Supplemental Security Income (**SSI**), and trust money is used to pay your rent (or anyone else's money is used to pay your rent), you are subject to a one-third (1/3) reduction in your SSI income benefit for the month in which that rent was paid.

Regular 2022 SSI benefit:	$841
Less 1/3 reduction:	- 280 (1/3 of $841 less $20 disregard)
Total SSI Income for that Month	*$561*

In some cases, it makes good sense to accept that reduction in income. In most cases, it does not.

SSDI

If you are a recipient of Social Security Disability Insurance (**SSDI**), using either your own adult benefit or that of one of your parents, there may be some possibility to pay rent using trust funds. In that case, we would look for other benefits that might be affected if we do pay rent from trust.

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Home and Community Based Services Medicaid

If you receive Long-Term Care Medicaid (LTC) or Home and Community Based Services (HCBS), and trust money is used to pay your rent (or anyone else's money is used to pay your rent), those payments are considered income to you.

In 2022, one may not have more than $2,523/month in income from all sources and still stay qualified for LTC/HCBS Medicaid. Here's an example:

Your sample SSDI benefit:	$1,200/month
Maximum income for LTC/Medicaid eligibility:	$2,523/month
The difference:	*$1,323 – The trust (or another source) may contribute to rent or other primary needs up to this amount while keeping your HCBS Medicaid financial eligibility protected.*

One way we potentially **can pay rent** is by making distributions to an ABLE Act (Achieving a Better Life Experience Act of 2014) savings account. These accounts are designed for people whose disability was diagnosed prior to age 26, and it is appropriate to pay rent from them.

CFPD does not administer ABLE accounts but does provide some services for clients who need support in opening or managing this type of account. Learn more about ABLE accounts here: https://www.coloradoable.org, and talk to your Case Manager if you're interested in opening one.

How are my funds invested?

In CFPD's Pooled Trust (both first party trusts and third-party trusts), investment advice is provided by our banking partner, BOKF. Decisions about investments are then made by CFPD's Board Finance Committee. Investments are handled very conservatively to minimize the risk of loss.

When CFPD is serving as co-trustee on an individual trust, the corporate banking partner/ co-trustee serves as the investment manager.

When CFPD is serving as sole trustee on an individual trust, investment decisions are made by CFPD's Board Investment Committee and are invested via CFPD's selected investment advisor.

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Is my trust confidential? Who is authorized to receive information about my trust?

Yes. Information about trusts is always confidential, and is shared only with permission.

As the beneficiary of the trust, you will let us know who it's OK to share information with (including accountings, requests for distributions, etc.). Your Case Manager will provide you with a Release Of Information during the initial Assessment and Plan meeting in the event that you would like to designate someone to make requests of and/or gather information about your trust account. You can also tell us in your initial application and may revise that at any time. Keep in mind that we are obliged by law to share information with a legal guardian or conservator for a beneficiary.

Why does CFPD require receipts/bills/documentation for expenses?

In order to consider and pre-approve a distribution from Trust, CFPD requires proof via receipts, invoices, bills, etc. to document the expense. This is necessary for CFPD to comply with our fiduciary duty and perform all due diligence (sole benefit, distribution is compliant with trust and public benefit rules, etc.) in administering each trust. Medicaid and Social Security may also, at any time, request such documentation for those same reasons and CFPD, as trustee, must comply with such requests in order for the trust to be considered an exempt resource for public benefit eligibility. Additionally, CFPD participates in both monthly and annual audits to ensure our compliance with fiduciary standards in administering supplemental needs trusts and proper documentation for each transaction is an inherently necessary component of such audit and standards.

What's the best way for CFPD to receive my bills?

There is no single way to do this. CFPD works uniquely with each beneficiary to get bills paid on a one-time or ongoing basis.

One way to do this is to have your bills mailed or emailed directly to your Case Manager. Those could be addressed something like this:

(Your Full Name)
1355 S. Colorado Blvd., Ste. 920
Denver, CO 80222

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Who can make requests from the trust on my behalf?

As the beneficiary, you, yourself, can of course make requests. If you have a legal guardian and/or conservator, we will consult with that person before approving the request.

Otherwise, you may designate (in writing) someone like a Power of Attorney or other representative who you approve to make requests for you. You may also revoke that privilege in writing later.

No one can make requests from your trust without your or your guardian's permission.

All final decisions as to whether trust funds will be disbursed for a purchase will be made by the Trustee(s).

How can I use my trust funds for someone other than myself?

In short, you cannot use your trust funds to make purchases for anyone other than yourself. They are for your sole benefit.

If you wish to make purchases for someone else, consult with your Case Manager to see if there are bills you might usually pay with your Social Security or wage income that can instead be paid by trust. While we can't make purchases for someone else, we can help you make the best of the funds you do have control over.

Is there any way to cancel my trust or get my money back?

No. Once your funds are placed into trust, they cannot be returned to you, given away (donated) or transferred to another type of account. The trusts are irrevocable (not able to be changed, reversed, or recovered; final).

Who do I call if I have a question that needs answered or have a problem with the trust?

For general questions about your trust, what has been or will be purchased for you, balance amounts, etc., please contact your Case Manager.

If you have a concern that was not resolved by your Case Manager, CFPD has a written Grievance Policy. Refer to the Appendix to read the policy.

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How do you make payments from my trust/disburse funds?

There are many ways this happens. Often the most important thing to remember is not how we pay, but WHO we pay. Whenever possible, we will make our payments directly to the vendor of a product or service. Some examples are below:

- We'll ask you to help us get bills for things you want the trust to pay for sent directly to us, things like your cable bill, cell phone bill, insurance payments, etc. We will then pay the amount on the bill directly to the provider, i.e., Comcast, Verizon, State Farm, etc.

- We'll do the same for purchases you make each month, things like a bus pass or medical supplies. We'll purchase them online or pay an invoice with a business check and have the items sent to the beneficiary's residence.

How do I add to my trust?

If you are a trust beneficiary of a first party trust and are under age 65, let us know to expect it and just send us a check. You'll want to make it payable to CFPD FBO Beneficiary's Full Name so we're sure to route your deposit to the right account (FBO means For the Benefit Of). There are no deposit fees.

If you are a beneficiary over age 65, and you have a first party trust, it may or may not be possible to make ongoing contributions to your trust. This is a discussion to have with your case manager.

Ongoing contributions by a third party to a third party trust are acceptable, even after a person has turned age 65.

Am I going to get a tax statement?

The tax reporting you receive depends on the type of trust you have.

- In an **Individual Trust** where CFPD is the sole trustee, CFPD will send a tax statement to the beneficiary or their guardian or conservator.
- In an **Individual Trust** where CFPD is a Co-Trustee, the Co-Trustee will send the tax statements to the beneficiary or their guardian or conservator.
- In a **First Party Pooled Trust**, a Grantor Tax Letter will be sent to the beneficiary or their guardian or conservator by CFPD via JDS Professional Group.
- In a **Third Party Pooled Trust**, CFPD will send a K-1 form to the beneficiary or their guardian or conservator.

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Whether or not an individual then needs to file income taxes varies depending on the total income sources a person has. To determine whether you need to file, and how to file, you will need to consult with a professional who regularly works with trust tax issues.

Once paperwork is submitted, and the trust has been funded, how long before the first payment from my trust can be made?

Once paperwork is complete and your account is funded, your case manager will contact you to set up an Assessment and Plan meeting. The purpose of the meeting is to get to know you and the important people in your life, answer any questions that you have about the trust, review the trust rules and procedures and explore how you might like to use your trust now or in the future.

Following communication with your Case Manager to determine your needs, wishes and goals, we will do our best to make distributions in a timely fashion, but there are many variables. We must fully document each expense, and run it through an approval process. Ask you Case Manager about an estimate for your particular request.

Trust Distribution Policies

Attorney Fees Related to Trust

Beneficiaries of CFPD are encouraged to pay all attorney fees and other debt prior to joining the trust. However, there are times when the attorney fees cannot be paid before the trust is set up and must be sent to CFPD for consideration.

- Beneficiaries are encouraged to give notice of any attorney fees or costs prior to their joinder to CFPD.
- When CFPD is not notified, any attorney fees will need to be approved by the Pooled Trust Committee of the CFPD Board.
- Attorney fees will be reviewed by the committee with careful consideration to the amount, scope of work, etc.
- As with any request, the request for attorney fees may be denied by the CFPD Board.

(Approved: 3/17/10)

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Appeal of Trustee Decision Policy

In accordance with CFPD's Corporate Resolution, in the event that CFPD-in its role as trustee-makes a decision on a trust request and the Trust beneficiary or their legal representative disagrees with the decision, the beneficiary or their legal representative may appeal.

To appeal, a written request for reconsideration and any additional, new information shall be submitted to CFPD.

The request for reconsideration will be taken to the associated Trust Committee for its reconsideration. The decision of the associated Trust Committee at that point is final.

(Approved: 1/30/19)

Background Check Policy

Background checks will be required for the following:

- All employees
- All independent contract Care Managers and Companions.
- All persons given Limited Power of Attorney by CFPD for travel.
- Any other person who handles money or gift cards for the benefit of a Beneficiary in excess of $300.00 in a 30 day period.

When the background check is received by CFPD/PLAN/CO it will be reviewed by the Director of Beneficiary Services and the Executive Director. If any concerns are noted, the background check will be forwarded to the Executive Committee for their review.

CFPD/PLAN/CO will pay for the background checks for employees and contract Care Managers. The Beneficiary will pay for all other background checks.

(Approved: 05/17/06)

Bills Incurred Prior to Trust Inception for Pooled Trust Beneficiaries Policy

The Pooled Trust Committee has delegated authority to the Executive Director and his/her designee to approve requests for a service incurred prior to trust joinder under one of the following circumstances:

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- The request is made by the beneficiary or their guardian, and not by the vendor.
- The request is for medical or rehabilitation purposes
- The request is less than $2,000.00.

All requests outside of these circumstances may be submitted to the Pooled Trust Committee for their review.

(Approved: 1/18/12)

Client Grievance Policy

The purpose of this policy is to resolve any issues, dissatisfaction, complaints, etc. expressed by CFPD clients regarding the experience, treatment, staff (inclusive of CFPD contracted Case Managers) and outcomes of CFPD services.

Individuals filing grievances are treated with dignity, understanding, and respect. In no case will a grievance result in any reprisal. Grievances will be given prompt and careful attention and will follow the below steps:

1) If an issue arises, the client or their legal representative should report it to the client's Case Manager/Coordinator to determine if the matter can be resolved at this level. If the matter remains unresolved,
2) The Case Manager/Coordinator shall inform the individual of the Grievance Policy and inform the Program Director of the grievance.
3) The Program Director shall interview both the client and the associated staff member to come to a solution. The solution may involve a transition to working with a new CFPD Case Manager. If the matter remains unresolved,
4) The client may request escalation of the matter to the Executive Director for his/her review. A decision will be made at this level.

If the matter involves the Executive Director or the client remains unsatisfied with the Executive Director's decision, the following will occur:

5) The client may submit a grievance in writing. The written grievance shall include: a description of the complaint, relevant dates and expected outcome.*
6) The grievance will be presented to the Chairperson of the associated Committee (in absence of an appropriate committee, the matter will be presented to CFPD's Board of Directors).
7) The findings and determination of the Committee (or Board) are final.

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*If the client is unable to provide a written grievance, they will be given the opportunity to make a verbal report to CFPD staff.

(Approved: 01/30/19)

Contract Work Policy

When a beneficiary or legal representative of CFPD requests construction or contract work for their home, the following must be provided anytime the work to be completed is estimated to cost over $5,000 and/or when a permit for the work is required.

Proof Required for Supplemental Needs Request (SNR) to be considered:

- Two estimates or bids from different contractors for the work to be performed.
- License for contractor and any sub-contractor.
- Insurance for contractor and any sub-contractor.
- Contractor is responsible for obtaining permits when necessary.
- Review of BBB or Angie's List for any substantive reviews.
- Lien waivers upon completion of project.

Payment for Contract Work:

Once the SNR has been approved, payment arrangements will be made with the contractor with the following restrictions:

- Prior to any payment, CFPD must receive a contract signed by the beneficiary or the beneficiary's legal representative clearly stating scope of work to be completed, projected timeline, and cost for service and materials.
- "Approval for contract work" letter will be sent to contractor.
- No more than 50% of the total cost of the invoice will be paid as a down payment.
- Prior to final payment, signed lien waivers must be received by CFPD.

*Acknowledging that there are certain instances in which emergency repairs or contract work must be completed urgently, consideration of those individual circumstances will be evaluated. Additionally, for beneficiaries residing in rural areas, contractor options may be limited. Therefore, CFPD may use discretion to waive any or all of the above requirements in these instances.

Examples of the Statement of Satisfaction, Completion of Contract Work and Contractor Financial Agreement are found in the Appendix.

(Approved: 7/26/17)

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Distributions from Trust to ABLE Account Policy

In accordance with SI 01130.740: Achieving a Better Life Experience (ABLE) Accounts and the Centers for Medicare and Medicaid Services letter dated September 7, 2017, CFPD will consider distributions from a supplemental needs trust to ABLE accounts for circumstances meeting the following criteria:

- The purpose of the distribution is for payment of an SSI beneficiary's housing or food expenses. Food expenses are now considered a Qualified Disability Expense under "Basic Living Expenses" per the update to the POMS effective March 13, 2020. Such distribution to an ABLE account to pay these expenses will not count as In-Kind Support and Maintenance (ISM), whereas paying such expenses directly from Trust would count as ISM against the beneficiary.
- The purpose of the distribution is for payment of ongoing and regular monthly expenses and the individual receives a housing assistance benefit which may count such distributions from trust against the individual's income eligibility. CFPD understands that in the current practice of the HUD administration, some housing authorities may count regular distributions from Trust (for items such as phone service, cable, etc.) as income in determining eligibility for housing assistance. Therefore, it may be in the best interest of the trust beneficiary, if eligible, to establish an ABLE account to pay those expenses, per the U.S. Department of Housing and Urban Development Notice H-2019-06. In this circumstance, the individual's trust may fund the ABLE account.
- Initial distribution to the ABLE account from trust will cover the total of two months of housing and/or food expenses, ongoing and regular monthly expenses for individuals receiving housing assistance and ABLE account administrative fees.
- Subsequent funding will be limited to monthly contributions totaling one month's housing and/or food expenses, ongoing and regular monthly expenses for individuals receiving housing assistance and administrative expenses only up to the annual contribution limit.
- A signed certification and agreement by the beneficiary via the "Beneficiary Agreement: Distribution from supplemental needs trust to ABLE account" document stating:
    - That the beneficiary meets the criteria for an ABLE account; and
    - That the distribution will only be used for food expenses housing expenses, ongoing and regular monthly expenses for individuals receiving housing assistance and account administrative fees; and

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  - That the beneficiary will provide an annual accounting of the ABLE account upon CFPD's request; and
  - The responsibilities of the ABLE account owner; and
  - Acknowledgement of remainder funds in ABLE account
- Prior to any distributions to the ABLE account, CFPD staff will evaluate appropriateness of CFPD to serve as POA for the ABLE Account or if another legal representative will fulfill that role.

CFPD has the discretion to end distributions from trust to the ABLE account at any time.

Distributions from trust to an ABLE account for other purposes or amounts will be considered on a case by case basis by the CFPD Executive Director.

An example of the Distribution from Supplemental Needs Trust to Able Account Beneficiary Agreement can be found in the Appendix.

(Approved: 5/23/18. Amended: 5/22/19, 5/27/2020)

End of Life Options Medication Request Policy

The Colorado End of Life Options Law (Article 48 of Title 25, C.R.S.) went into effect on December 16, 2016. Currently, neither Medicare nor Medicaid has approved payment for End of Life Options medication.

In acknowledgement of the fact that CFPD serves individuals that may want to access End of Life Options with the assistance of the funds held in trust, conservatorship, or in a representative payee account in which CFPD serves as fiduciary, CFPD will consider such request in accordance with C.R.S. Article 48 of Title 25, **and** the following:

- Individual must be 18 years of age or older.
- Individual is not under guardianship and has not been adjudicated incapacitated.
- Request for payment of the aid in dying medication from the funds held at CFPD must be directly from the individual independently and not from any outside party.
- CFPD has received the following:
  - A signed and completed (2 witness signatures are required) written request for medical aid in dying medication to end life, attached.
  - A signed Physician's letter detailing diagnosis of terminal disease, prognosis of six months or less, mental capacity determination and that all requirements

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pursuant to law have been satisfied, including steps taken to carry out the request.

- Copy of prescription, including a notation of the medications prescribed and when.
- Signed End of Life Medication: Final Expenses Disclosure regarding purchase of end of life plan.
- Beneficiary signed HIPPA release authorizing CFPD to speak with treating physician

If approved, CFPD staff will make payment directly to the pharmacy. CFPD staff members may individually choose whether to participate in the request process for End of Life Options. If a staff member decides not to participate, an alternative staff contact will be assigned for the End of Life Options request process.

Examples of the Request for Medication to End My Life in a Peaceful Manner and the End of Life Medication: Final Expenses Disclosure can be found in the Appendix.

(Approved: 4/25/18. Amended: 5/23/18)

Firearms, Crossbows & Ammunition Policy

At their regularly scheduled Board of Directors meeting on May 18, 2005, the Board for the Colorado Fund for People with Disabilities, Inc., voted to adopt a policy of denying any supplemental needs request for firearms, crossbows or ammunition.

(Approved: 5/18/05)

Gratuity Policy

When a CFPD beneficiary's trust (pooled or individual) is being used to pay for a service and it is customary to provide gratuity (examples: Salon, Restaurant, etc.), the trust will only pay up to 20% gratuity. Anything beyond 20% will be a cost borne by the individual.

(Approved: 08/16/16)

Home Purchase and Requirement of a Will

When CFPD approves a home purchase for a trust beneficiary (Individual trust or pooled trust) and the home is titled in the name of the beneficiary, the beneficiary, or their legal representative, will be required to consult with an attorney to develop a will which specifies

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who inherits the home.

(Approved: 7/27/16)

Individuals Age 65 and Older Joining the Pooled Trust

The Disclaimer for Individuals Age 65 and Older Joining The Pooled Trust can be found in the Appendix.

Based on the Colorado Medicaid Regulations, there is no penalty for establishing a pooled trust for an individual age 65 and older. However, the CO Department of Health Care Policy and Financing (the Department) can assess a penalty based on the amount transferred into the pooled trust because they may consider it to be a transfer without fair consideration (a fancy way of saying "gift").
Due to a recent decision in the State District Court regarding this matter and CFPD's analysis of the actions of the Department, CFPD is continuing to accept individuals over the age of 65 into the Pooled Trust as long as our Assessment and Plan, which is conducted **before** the individual joins the trust, is able to determine that we can reasonably spend the funds for the individual in the course of their lifetime (based on life expectancy tables).

There is still some risk associated with the transfers made into the pooled trust. We encourage you to discuss these further with CFPD staff and with an attorney who is representing you. Each Assessment and Plan is very individualized, and our recommendation will consider life expectancy, amount of funds to be deposited into the trust and other individual factors.

In the event that the Department does consider your transfer into the pooled trust as a "Transfer without fair consideration," there will be a penalty. The penalty period is based on the amount placed into the pooled trust. Consider the example of an individual who establishes the pooled trust for $25,000. The $25,000 is divided by the average cost of nursing home care in the state of Colorado at the time of the transfer. In 2020, the average cost of nursing home care in Colorado is $7,892. $25,000 divided by $7,892 is equal to 3.2. This equates to 3.2 months of ineligibility for the individual.

Does it matter if the person lives in another setting?

No, the calculation always uses the highest cost of care, even if the person lives in a less expensive facility (Assisted Living) or in the community.

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Are Medicare or Social Security benefits affected?

No. Medicare and Social Security benefits will not be affected.

Can my cost of care be paid for by my trust during my period of ineligibility?

Yes. The trust can be used to pay for this cost of care during the period of ineligibility. (Each beneficiary's cost of care should be evaluated based on their income per month and their cost of care for services, as this calculation is unique to each person.) That said, CFPD would encourage you, through an attorney, to appeal the decision made by Medicaid.

Summary:

CFPD highly encourages each potential beneficiary age 65 or older of the pooled trust to meet with an attorney to discuss the option of joining a pooled trust and the consequences. CFPD maintains a list of attorneys who practice in this area of the law and understand all of the implications of joining a pooled trust over the age of 65. Further, the attorneys on CFPD's Professional Network have agreed to a reduced rate for their services.

Medical Marijuana Policy

Amended Medical Marijuana Policy for CFPD Trust beneficiaries and Conservator Clients:

Beneficiaries of the Colorado Fund for People with Disabilities (CFPD), who are also Colorado residents, may use their trust for medical marijuana under the following guidelines:

- The beneficiary's trust may be used for the cost of the Medical Evaluation with a qualified doctor under Colorado law.
- The beneficiary's trust may be used to pay the fee for their medical marijuana permit, unless paid by another source. The beneficiary's trust may be used for the cost of acquisition of medical marijuana as long as they provide to their CFPD Case Manager:
  - Copy of their valid authorization
  - The signed CFPD Acknowledgement Regarding Distribution of Medical Marijuana and Waiver
- CFPD staff will not be involved with the acquisition of the medical marijuana on behalf of the beneficiary in person. When permitted by the vendor, payments by credit card over the phone will be acceptable.
- CFPD beneficiaries are encouraged to be conscientious consumers when purchasing medical marijuana.

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The purchase of recreational marijuana with an individual's trust is not permitted and is against CFPD policy.

Accessories to medical marijuana use will be considered on an individual basis.

CFPD recognizes that the laws related to Medical marijuana are changing and will update this policy as needed to comply with the law.

CFPD will also keep any information related to beneficiaries and their use of medicinal marijuana STRICTLY CONFIDENTIAL.

Hemp-derived CBD with THC less than .3%, per the Agricultural Improvement Act of 2018 (the 2018 Farm Bill), is exempt from this policy.
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- The beneficiary's trust may be used for the cost of the Medical Evaluation with a qualified doctor under Colorado law.
- The beneficiary's trust may be used to pay the fee for their medical marijuana permit, unless paid by another source. The beneficiary's trust may be used for the cost of acquisition of medical marijuana as long as they provide to their CFPD Case Manager:
  - Copy of their valid authorization
  - The signed CFPD Acknowledgement Regarding Distribution of Medical Marijuana and Waiver
- CFPD staff will not be involved with the acquisition of the medical marijuana on behalf of the beneficiary in person. When permitted by the vendor, payments by credit card over the phone will be acceptable.
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CFPD will also keep any information related to beneficiaries and their use of medicinal marijuana STRICTLY CONFIDENTIAL.

Hemp-derived CBD with THC less than .3%, per the Agricultural Improvement Act of 2018 (the 2018 Farm Bill), is exempt from this policy.

The Distribution for Medical Marijuana Disclaimer can be found in the Appendix.

(Approved: 2/10/2010. Amended: 6/6/2017, 5/22/19, 5/22/19)

Motor Vehicle Policy

Purchase of a Motor Vehicle:

- Motor vehicle is anything registered as a motor vehicle in the state of Colorado or the state of residency, including mobile homes.
- Case Manager will evaluate the purchase of the vehicle and potential impact on public benefits
- See the Current Corporate Resolution for the current approval levels of the motor vehicle purchase.

Requirements for Motor Vehicle Purchase:

- Proof of insurance and driver's license.
- CARFAX report or report of an independent mechanic for used vehicles.
- A NADA evaluation of the price.
- A copy of the title.
- If sold by a private party, current matching registration.
- A Bill of Sale or Buyer's Order
- A vehicle lien OR holding the vehicle in Conservatorship is required regardless of value when:
    - The beneficiary is a minor, OR
    - The vehicle is titled in a third party's name, OR
    - There is an existing conservatorship
- Lien requirements:

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- Pooled Trust:
  - CFPD will be named lienholder for any of the above criteria or for any vehicle in which trust funds of $20,000 or above will be dispersed. Additionally:
    - CFPD to retain the original title in the CFPD safe.
    - A copy of the title is sent to the beneficiary.
    - Upon trust closure, lien is released, and original title sent to beneficiary or their estate.
- Sole Trustee:
  - The Trust will be named lienholder for any of the above criteria for any vehicle in which trust funds of $20,000 or above will be dispersed. Additionally:
    - CFPD to retain the original title in the CFPD safe.
    - A copy of the title is sent to the beneficiary.
    - Upon trust closure, lien is released, and original title sent:
      - To the trust beneficiary (if beneficiary is living)
      - In accordance with the trust document (if beneficiary is deceased)
- Co-Trustee
  - The Trust will be named lienholder for any of the above criteria for any vehicle in which trust funds of $20,000 or above will be dispersed. Additionally:
    - Original title to be sent/retained by corporate trustee
    - CFPD to retain a copy of the title.
    - A copy of the title is sent to the beneficiary.
    - Upon trust closure, lien is released, and original title sent:
      - To the trust beneficiary (if primary trust beneficiary is living)
      - In accordance with the trust document (if beneficiary is deceased)
- Upon trade in of the vehicle, lien will be released for purchase of new vehicle, if approved by trustee(s).
- Upon sale of the vehicle, lien will be released with funds to be deposited back into Trust.
- Upon trust closure, lien is released and original title sent to the beneficiary OR in accordance with the trust document, as noted above.

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- Additional information/documentation may be required for motor vehicles that will serve as the primary place of residence.
- Vehicles will not be titled to CFPD or in the name of the Trust for any trusts in which CFPD serves as trustee.

If the Case Manager or Trust Administrator has any concerns related to the person driving or owning a car, these concerns will be taken to the Executive Director and potentially the associated Trust Committee for review.

A copy of the Lien Security Agreement can be found in the Appendix.

(Amended: 3/23/2022)

Moving and Storage (Bailment) of a Beneficiary's Personal Property Policy

CFPD employees* will not take custody of a beneficiary's personal property. In some cases it may become necessary for a beneficiary's personal property to be moved and stored with the knowledge and consent of the beneficiary (or his or her guardian). When moving and/or storing, expenses are paid from the beneficiary's sub-account, custody, possession or control of the property will not be assumed by the Case Manager on behalf of CFPD.

CFPD employees will not take custody, possession or control of personal property of a beneficiary who has died.

*Policy applies to CFPD employees not serving as court appointed Conservator for specific individuals. Conservator designees, employed by CFPD, are exempt from this policy for the individuals in which they serve as conservator.

(Approved: 7/16/02. Amended: 3/22/17)

Payment of Caregiving Services and Legal Roles/Services

This policy supersedes all other policies related to caregiving and legal roles/services and will be effective May 1, 2017.

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Per Medicaid and Trust requirements, CFPD Trust beneficiaries must first utilize all available services through their Medicaid services. The CFPD Case Manager may need to help them access additional services or to apply for services. When supplemental caregiving or professional services are approved, the following requirements apply:

- Caregiving, companionship, and activities of daily living services (to include grocery shopping, meal prep, personal assistant, etc.) services that are ongoing and routine (typically lasting longer than 90 days) will be paid for by the trust as follows:
  - To an Agency (such as a home health agency) for caregiving services. The Agency must be licensed and insured and provide care compensation comparable to current market rates.
  - The beneficiary may choose their own caregivers, who will then be employed through TEAM Risk Management. (See the TEAM Application packet). The rate of pay will be set by CFPD after a review of current pay for like positions/responsibilities and input from TEAM.
  - The only services paid for by trust will be services that are not being paid for by Medicaid. CFPD may request timesheets, job descriptions and other supporting documentation in re: services being paid for by Medicaid.
- Caregiving, companionship, and activities of daily living services (meal prep, personal assistant, etc.) services that are short-term (less than 90 days) may be approved on a case-by-case scenario per the Corporate Resolution. The rate of pay will be set by CFPD after a review of current pay for like positions/responsibilities.
- Guardian and Conservator bills will be reviewed by CFPD on an ongoing basis. The Guardian and/or Conservator is responsible for obtaining court approval for their fees and costs. CFPD may require this documentation.
- Attorney Fees related to Guardian/Conservator matter may also require the Attorney to seek court approval for these fees and costs. CFPD may require this documentation.
- Non-professional individuals serving as Agents under Power of Attorney (POA) may be compensated at the rate of up to $50/hour if authorized in the POA Instrument. CFPD must be in receipt of the POA Instrument.

If this policy is not followed, CFPD reserves the right to decline payment for such services. The balance of the trust and rate of spending for all of these services will be discussed with the Beneficiary and/or their Guardian and/or Conservator on a regular basis and no less than bi-annually at the Trust Review.

(Amended: 03/23/2022)

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Property in Trust Policy: Sole Trustee

Management of Property in Trust Policy: CFPD will consider managing property in stand-alone first and third party trusts on a case by case basis. The Private Services Committee will review each property and make a decision prior to CFPD being named as trustee.

The following information will be obtained for each property:

- Proof of property insurance, inclusive of declaration page.
- Proof of property taxes paid (and how they are paid).
- Estimated Value of the property.
- Evaluation of assets in the trust along with budget for household expenses and what the beneficiary or the trust will pay. This will include a review of the public benefits for the individual.
- Review of all occupants in the home and their contribution to household expenses.
- Review of any mortgage, lien or home equity line of credit on the property.
- Review of the Ownership and Encumbrance Report

As soon as we become trustee, CFPD will do the following:

- Ensure property insurance is paid, with trust as named insured of policy (secondary insured if the property is mortgaged).
- Ensure property taxes are paid.
- Hire an inspector to inspect the home for any safety or hazardous issues.
- Hire a property manager determined by CFPD and billed to the trust. CFPD will ensure the Property Manager is charging competitive rates for the services rendered.
- Review the property information, including the financial viability, at the Annual Trust Review.

CFPD will maintain adequate liability insurance for all properties held in trust.

CFPD will charge for all time related to the management of the property at the hourly case management rate set forth in the annual fee schedule.

(Approved: 1/24/18)

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Replacing Lost or Stolen Items Multiple Times Policy

When an item or items that CFPD has purchased for a Beneficiary are lost or stolen, the item(s) will be replaced, at the expense of the Beneficiary's sub-account, one time. The second time that the item is lost or stolen; there will be a waiting period of at least 6 Months, at the trustee's discretion, before the item is replaced again. Items that are necessary for health or safety are exempt from this policy. Also exempt are items that must be replaced within a certain period of time as required by a replacement insurance plan.

(Approved: 8/20/08)

Rental Vehicles Payment Policy

In CFPD's various fiduciary roles (including, but not limited to: Trustee, Representative Payee and Conservator), the organization frequently receives requests for the payment of rental vehicles with an individual's funds. Once such expense is pre-approved, CFPD must consider payment for this expense very carefully. In an effort to protect CFPD's exposure to liability, payment for vehicles is restricted to the following:

- Reimbursement to the beneficiary's representative or to the beneficiary/client (if allowable per public benefits) after payment has been made and appropriate documentation submitted.
- Funds sent to the beneficiary's representative via a Durable Power of Attorney or to the beneficiary/client (if allowable per public benefits) prior to payment. Appropriate documentation shall be submitted to CFPD after purchase is completed.
- If a beneficiary/client has a credit card and the individual initiates payment on the credit card, payment from the beneficiary/client funds can be made directly to the credit card company, upon receipt of appropriate documentation.
- If the beneficiary/client has a CFPD-issued Truelink card, funds may be loaded onto the card for payment of the rental vehicle.
- Payment is made directly to the rental company by **CHECK**, if such is accepted by the rental car company. Beneficiary or someone else may need to additionally put a credit card on file with the company.

Payment via a CFPD credit card for a rental vehicle is expressly prohibited.

(Approved: 5/27/2020)

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Travel Companion Policy

Definition: A travel companion is an individual who is approved by CFPD to accompany, and assist, a beneficiary while traveling.

Qualifications: The travel companion must be able and qualified to perform the specific types of assistance the beneficiary is expected to require. He/she must be sufficiently mature to handle any unexpected event in a responsible manner. He/she must be a minimum of 16 years of age. If the handling of money is required, the travel companion must be at least 18 years of age, and qualified to serve as a limited Power of Attorney. A background check will be required of all travel companions except immediate family of the beneficiary.

Duties: The travel companion will remain with the beneficiary throughout the duration of the trip unless CFPD has approved a period of absence. They may assist the beneficiary in such areas as activities of daily living, money management, transportation, accessing services, and accomplishing the purpose of the trip. If the travel companion is handling travel funds he/she will be required to collect and submit receipts for all expenditures, and return any remaining balance to CFPD at the end of the trip.

Benefits: The travel companion's travel expenses will be paid from the beneficiary's trust account. In some cases the travel companion may also be paid to serve in this capacity.

(Approved: 6/15/05)

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Appendix

Example Forms & Agreements

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General Request Form Instructions:

When making a supplemental needs request, please fill out our beneficiary request form on the following page.

A supplemental needs request is an expenditure/purchase that is made for the beneficiary. Due to Medicaid/trust rules, steps must be taken to ensure that the expense is allowable under Medicaid guidelines.

- *Please see the expenditure sheet for examples of purchases that can and cannot be made for the beneficiary per Medicaid rules.*

Travel Requests: If the request is for travel, please fill out the "Travel Request Form" instead.

Processing: It is important that all pertinent information be provided so that your case manager has the documentation needed in order to submit the request for approval.

- **Helpful Documents:** You are encouraged to attach any additional documentation or information that you feel would be helpful (e.g. online wish list, website shopping cart, cost estimate for service, etc.).
- **Signatures**: If you have a guardian, he or she must sign off on the request.
- **Incomplete Forms:** If any necessary information is missing, the form will be returned to you for completion.

Once all the required information is received, your CFPD case manager will submit your request. Fulfillment of the request is contingent upon the approval of CFPD.

Please contact your CFPD case manager with any questions regarding the supplemental need request process.

Please send the completed form to CFPD:

Email*: Email to your case manager directly or send to the correct department:*
Pooled Trust: PooledRequest@cfpdtrust.org
Private Trust: PrivateRequest@cfpdtrust.org
Fax: 303-733-2862
Address: *CFPD Attn: Request Forms*
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General Request Form

CFPD Beneficiary_____Guardian (if applicable)_____
Requesting Party_____Relationship to Beneficiary_____
Brief Description of Need_____

Request an Item. *(One-Time Purchase)*

Detailed description of item(s):

Vendor	*Item Description*	*Item#/SKU*	*Price*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping Address _____ **Total Amount** _____

_____ *(tax & shipping costs*

_____ *will be added to this total)*

Comments _____

Pay a Bill *(Typically an Ongoing Expenditure)* ***must include copy of bill or invoice.***

Description of Billed Service *(internet, phone, medical, etc.)*_____

Amount_____Vendor_____

Mailing Address _____

_____

_____

Comments _____

_____

_____

Beneficiary/Guardian Signature_____ Date_____

Signature of Requesting Party_____ Date_____

Please send this completed form to CFPD.
Email: **(Pooled Trust) PooledRequest@cfpdtrust.org (Private Trust) PrivateRequest@cfpdtrust.org**
Fax: **303-733-2862**
Address: CFPD Attn: Request Forms 1355 S. Colorado Blvd. Suite 920 Denver, CO 80222

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Denver, CO 80222
Main: 303-733-2867
Fax: 303-531-0466
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Request Form Instructions (For Those Living in a Group Home or Host Home)

When making a supplemental needs request, please fill out our beneficiary request form on the following page.

A supplemental needs request is an expenditure/purchase that is made for the beneficiary. Due to Medicaid/trust rules, steps must be taken to ensure that the expense is allowable under Medicaid guidelines.

- *Please see the expenditure sheet for examples of purchases that can and cannot be made for the beneficiary per Medicaid rules.*

Travel Requests: If the request is for travel, please fill out the "Travel Request Form" instead.

Processing: It is important that all pertinent information be provided so that your case manager has the documentation needed in order to submit the request for approval.

- **Helpful Documents:** You are encouraged to attach any additional documentation or information that you feel would be helpful (e.g. online wish list, website shopping cart, cost estimate for service, etc.).
- **Signatures**: Signatures of interested parties may be necessary to complete the form.
  - **Guardian**: If you have a guardian, he or she must sign off on the request.
  - **Case Manager**: Please have your residential case manager or CCB resource coordinator review and sign the request form.
- **Incomplete Forms:** If any necessary information is missing, the form will be returned to you for completion.

Once all the required information is received, your CFPD case manager will submit your request. Fulfillment of the request is contingent upon the approval of CFPD.

Please contact your CFPD case manager with any questions regarding the supplemental need request process.

Please send the completed form to CFPD:

Email: *Email to your case manager directly or send to the correct department:*

Pooled Trust: PooledRequest@cfpdtrust.org

Private Trust: PrivateRequest@cfpdtrust.org

Fax: 303-733-2862

Address: *CFPD Attn: Request Forms*

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Request Form (Group Home or Host Home)

CFPD Beneficiary_____ Guardian *(if applicable)*_____
Requesting Party_____ Relationship to Beneficiary_____
Brief Description of Need_____

Request an Item. *(One-time Purchase)*

Detailed description of item(s):

Vendor	*Item Description*	*Item#/SKU*	*Price*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping Address_____ **Total Amount** _____

_____ *(tax & shipping costs*

_____ *will be added to this total)*

Comments _____

Pay a Bill *(Typically an Ongoing Expenditure)* ***must include copy of bill or invoice.***

Description of Billed Service *(internet, phone, medical, etc.)*_____
Amount_____ Vendor_____

Mailing Address _____

_____

_____

Comments _____

_____

Beneficiary/Guardian Signature_____ Date_____

Signature of Requesting Party_____ Date_____

Case Manager Signature_____ Date_____

Please send this completed form to CFPD:

Email: **(Pooled Trust) PooledRequest@cfpdtrust.org (Private Trust) PrivateRequest@cfpdtrust.org**

***Fax:* 303-733-2862**

Address: CFPD Attn: Request Forms 1355 S. Colorado Blvd. Suite 920 Denver, CO 80222

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Travel Request Form Instructions

When making a travel request, please fill out the travel request form on the following page. Upon pre-approval by CFPD, the trust can cover travel expenses for the beneficiary, +1 travel companion.

- **Included Costs:** Costs can include travel, lodging, food, and entertainment. Souvenir and additional spending money may be granted but may only be used for the benefit of the beneficiary. **If the vendor allows pre-payment, CFPD will cover any expenses ahead of time (e.g. hotel reservations, excursions, airfare, etc.).**
- **2 Week Pre-Approval:** All requests must be submitted *at least 2 weeks before the funds are needed*. Short notice travel requests (less than 2 weeks) cannot be guaranteed. All requests are reviewed on a case-by-case basis.
- **Guardian:** If the beneficiary has a guardian, CFPD will need to receive support from the guardian for the request. Once the budget and guardian approval is received, the case manager will submit the request for approval. If more information is required, the case manager will follow up with additional questions.
- **Travel Companion:** In the event that the travel companion will be managing the funds for the beneficiary, he/she will need to pass a background check. If the companion has already done a background check as a HHP, professional caregiver, etc. then a background check isn't needed if it can be released to the trust from the agency. It is required that all receipts be signed by the beneficiary and submitted back to the trust to account for the money spent while traveling.
- **Government Benefits** Depending on the beneficiary's government benefits, the trust cannot give money directly to the beneficiary because it will be seen as income. Confirmation of beneficiary gross monthly income, benefits and waivers is required.
- **Rental Car:** This expense will always need to be reimbursed after the trip is complete.

It is important that all pertinent information be provided so that your case manager has the documentation needed in order to submit the request for approval.

- **Helpful Documents:** You are encouraged to attach any additional documentation or information that you feel would be helpful.
- **Signatures**: If you have a guardian, he/she must sign off on the request.
- **Incomplete Forms:** If any necessary information is missing, the form will be returned to you for completion.

Once all the required information is received, your CFPD case manager will submit your request. Fulfillment of the request is contingent upon the approval of CFPD. Please contact your CFPD case manager with any questions regarding the supplemental need request process.

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Denver, CO 80222
Main: 303-733-2867
Fax: 303-531-0466
www.cfpdtrust.org

Travel Request Form

CFPD Beneficiary_____Guardian *(if applicable)*_____
Requesting Party:_____Relationship to Beneficiary_____
Service Agency/Case Manager (if applicable):_____

Please answer the following in as much detail as possible:
Who: _____
*What:*_____
*Where:*_____
When: _____
*Why:*_____

Government Benefit Verification: **Please list all benefits, including Type of Social Security Income, any other income, Food Stamps, Section 8, and any Medicaid Waiver.**

_____
_____
_____

Please provide a vendor, breakdown of costs, dates and accommodations needed, reservation confirmation and any other pertinent information related to the categories listed below:

Transportation:_____
_____
Lodging/Hotel:_____
_____
Meals:_____
_____
Entertainment:_____
_____
Rental Car:_____
_____
Other:_____
_____

Beneficiary/Guardian Signature_____ Date_____

Signature of Requesting Party_____ Date_____

Please send this completed form to CFPD:

Email: **(Pooled Trust) PooledRequest@cfpdtrust.org (Private Trust) PrivateRequest@cfpdtrust.org**

***Fax:* 303-733-2862**

Address: CFPD Attn: Request Forms 1355 S. Colorado Blvd. Suite 920 Denver, CO 80222

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Statement of Satisfaction, Completion of Contract Work

I, <Contact> , am satisfied with the work completed at <Address 1> <Address 2> <City State Zip> by (Company) totaling $_____ and request CFPD, as trustee, to release funds for the remainder owed per the signed contract.

Beneficiary Signature: _____

Date: _____

Verification of lien waiver signed by contractor, prior to issue of final check:

Verified by Case Manager: _____

Date received: _____

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Contractor Financial Agreement

August 3, 2017

(Contractor Information Here)

In Reference To: <Contact>
<Address 1>
<Address 2>
<City State Zip>

In Reference To: <L:Contact>

To Whom It May Concern:

Colorado Fund for People with Disabilities (CFPD) has approved the estimate for work to be completed for the benefit of <L:Contact>, in the amount of $_____. Please submit a final copy of the signed contract to CFPD at the below address, initial payment of 50% of the total cost will not be released until the contract has been obtained.

CFPD requires that any additional expenses not included in the contract are submitted to CFPD for approval consideration.

Any additional work performed or additional expense incurred without CFPD approval will not be paid.

Final payment will be issued upon receipt of (Beneficiary's) written approval of satisfactorily completed work.

If you have any questions, please feel free to contact me.

Sincerely,

CFPD

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Distribution From Supplemental Needs Trust to ABLE Account

I, _____, have received and read CFPD's policy, "**Distributions from Trust to ABLE account Policy**" and have requested a distribution from my supplemental needs trust to my ABLE account for payment of my housing expenses.

I certify that I meet the criteria for the ABLE account.

I understand that this distribution is only to be used for:

1. ABLE account administrative fees,
2. Permissible disability-related food expenses
    - If a request is made for a distribution from trust to the ABLE account for food, CFPD requires a physician's statement explaining that the food expenses are related to the beneficiary's disability.
3. Housing expenses, as outlined per the Social Security POMS:
    - Mortgage (including property insurance required by the mortgage holder)
    - Real property taxes (less any tax rebate/credit)
    - Rent
    - Heating fuel
    - Gas
    - Electricity
    - Water
    - Sewer
    - Garbage removal

I will provide an annual accounting of the ABLE account to CFPD upon CFPD's request.

I understand that since I am the ABLE account owner, it is my responsibility to ensure that distributions from the ABLE account are appropriate qualified disability expenses.

CFPD is not responsible or liable for any inappropriate distributions from the ABLE account initiated by the beneficiary or other legal representative that may impact my disability benefits.

I acknowledge that if funds are remaining in the ABLE account after my death, Medicaid is the remainder beneficiary for the ABLE account.

By signing below, beneficiary agrees to the above statements and certifies eligibility for the ABLE account.

_____ _____
Beneficiary/Legal Representative Signature CFPD Executive Director Signature

_____ _____
Date Date

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Request for Medication to End my Life in a Peaceful Manner

I, _____ am an adult of sound mind. I am suffering from _____, which my attending physician has determined is a terminal illness and which has been medically confirmed. I have been fully informed of my diagnosis and prognosis of six months or less, the nature of the medical aid-in-dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

I request that my attending physician prescribe medical aid-in-dying medication that will end my life in a peaceful manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

I understand that I have the right to rescind this request at any time.

I understand the seriousness of this request, and I expect to die if I take the aid-in-dying medication prescribed.

I further understand that although most deaths occur within three hours, my death may take longer, and my attending physician has counseled me about this possibility. I make this request voluntarily, without reservation, and without being coerced, and I accept full responsibility for my actions.

Signed: _____

Dated: _____

Declaration of Witnesses

We declare that the individual signing this request:

is personally known to us or has provided proof of identity;

signed this request in our presence;

Appears to be of sound mind and not under duress, coercion, or undue influence; and

I am not the attending physician for the individual.

_____ witness 1/date

_____ witness 2/date

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Note: of the two witnesses to the written request, at least one must not:

Be a relative (by blood, marriage, civil union, or adoption) of the individual signing this request; be entitled to any portion of the individual's estate upon death; or own, operate, or be employed at a health care facility where the individual is a patient or resident.

And neither the individual's attending physician nor a person authorized as the individual's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.

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End of Life Medication: Final Expenses Disclosure

Dear_____,

You have requested that CFPD use funds held in your _____ account for the purchase of end of life medication. CFPD encourages you to purchase an end of life plan (including but not limited to burial, cremation, plot, crematorium, and service) with your _____ account. **For many supplemental needs trusts and all representative payee accounts, the Social Security Act and Colorado Medicaid prohibit payment of the end of life expenses after the death of the Beneficiary.** CFPD must follow this regulation. Please initial your selection below:

- ☐ I will purchase an end of life plan prior to my death and provide documentation to CFPD.
- ☐ I already have an end of life plan. I will provide that documentation to CFPD**.**
- ☐ I decline the purchase of an end of life plan. I understand that these expenses will not be covered after my death.
- ☐ I have a third party supplemental needs trust that allows for these expenses to be paid after my death and therefore I will not pursue an end of life plan prior to my death.

Verification of the termination provision in the

_____
(name of trust)

which allows for end of life expenses to be paid after death of beneficiary by CFPD staff:

_____
(CFPD staff signature)

The purchase of end of life medication will not occur until this form is completed, signed and additional relevant documentation, if applicable, is provided to CFPD.

_____
Name of Beneficiary

_____ _____
Beneficiary Signature Date

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Disclaimer for Individuals Age 65 and Older Joining the Pooled Trust

My signature below indicates that I recognize that CFPD cannot guarantee continuing eligibility for government benefits. I also recognize that there is a time frame for filing an appeal which may be as short as 10 days. It is my responsibility to notify CFPD immediately upon receiving a notice of denial of benefits, and to request any assistance I may need.

My signature below further indicates the following:

- I have read the information sheet for individuals age 65 and older and have had a chance to discuss my questions and concerns with CFPD staff.
- I understand that my transfer to the pooled trust may be considered a transfer without fair consideration.
- I understand the importance of seeking attorney counsel regarding my joinder to the trust.

Please initial the following:

_____ I am already working with an attorney.

_____ I am interested in CFPD's Professional Network attorneys.

_____ I decline the counsel of an attorney.

- I understand that I will need to meet with CFPD Staff prior to setting up my pooled trust to develop the Assessment and Plan**. In the event that I do not fund my trust, understand that I will be required to pay CFPD $250.00 for the cost of the Assessment and Plan.**
- I understand that I need to report any correspondence from Medicaid regarding my benefits to my CFPD Case Manager and Attorney (if applicable).

_____ _____
Potential Beneficiary/Representative Signature Date

_____ _____
Executive Director, CFPD Date

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Acknowledgement Regarding Distribution of Medical Marijuana and Waiver

I,_____, beneficiary of the trust would like to use the trust to purchase medical marijuana. I acknowledge and accept the following:

1. I am aware of the state laws concerning marijuana use.

2. I am not currently employed by an employer that has a policy against marijuana. The use of medical marijuana may be prohibited by employers and the use of medical marijuana could result in termination.

3. I am not receiving Section 8 Housing or any federal housing benefits.

4. I am the sole consumer of the medical marijuana purchased for my benefit.

5. I do not own a firearm.

6. Medical Marijuana will not be used if residing in a skilled nursing facility (SNF), assisted living facility (ALF) or any other residential setting in which the use or consumption of marijuana is prohibited on the premises.

7. I understand and acknowledge the risk of medical marijuana consumption as it may interact with other medications. I will not hold CFPD liable for contribution toward the purchase of medical marijuana.

8. I agree to report any changes to the above to CFPD, so that CFPD can make adjustments to this trust distribution, if necessary.

_____ _____
Beneficiary Signature Date

_____
CFPD Case Manager

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Security Agreement (Lien)

Lien on

Purchase Date:

Owner:

Vin:

Lien Holder:

Trustees:

Lien Amount:

Up until closure of the trust, the Lienholder will receive full value of car at point of sale. Upon death of owner, while funds remain in trust, vehicle is to be released to owner's estate. This lien is to be renewed every 10 years as necessary for the purpose of the Department of Motor Vehicles. The lien will be released upon closure of the trust.

_____ _____

Owner Signature Date

_____ _____

Lien Holder Agent Signature, (Add Trustee) Date

_____ _____

Lien Holder Agent Signature, (Add Trustee) Date

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Update Notification to Beneficiaries

Please note that this handbook may be updated as policies are updated. The most current version will always be posted on our website. Please check the online version at the following link to review any recent updates:

https://www.cfpdtrust.org/for-beneficiaries/beneficiary-handbook.html