

DATE

Via Certified Mail/Return Receipt Requested

Office of Director
Department of Mental Health
1600 9th Street, Room 151
Sacramento, CA 95814

Department of Health Care Services
Third Party Liability and Recovery Division
Estate Recovery Section - MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

Office of Director
Department of Developmental Services
1600 9th Street, Room 240
Sacramento, CA 95814

Special Needs Trust Unit
Department of Health Care Services
Personal Injury/Special Collections
P.O. Box 997425
Sacramento, CA 95899-7425

Re: **BENEFICIARY** (SSN **xxx-xx-xxxx**)

To Whom It May Concern:

Please be advised that a Special Needs Trust under Section 1917(d)(4)(C) of the Social Security Act has been established for the benefit of **BENEFICIARY**, a person who meets the criteria for disability set forth in the Act, with the Special Needs Trust Foundation of San Diego (“SNTF”). The pooled trust was funded with **BENEFICIARY**'s **TYPE OF CASE settlement OR retroactive Social Security benefits in the amount of \$_____**. Because **BENEFICIARY** receives **both SSI and Medi-Cal** benefits, **he/she** has a duty to report a change of circumstances. Please review the trust and joinder agreement for approval.

This self-settled pooled trust is created accordingly to 42 U.S.C. § 1396p (d)(4)(C) and is commonly referred to as a d4C trust. The code states:

A trust containing the assets of an individual who is disabled (as defined in section 1382c(a)(3) of this title) that meets the following conditions:

- (i) The trust is established and managed by a non-profit association.
- (ii) A separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of funds, the trust pools these accounts.

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(iii) Accounts in the trust are established solely for the benefit of individuals who are disabled (as defined in section 1382c(a)(3) of this title) by the parent, grandparent, or legal guardian of such individuals, by such individuals, or by a court.

(iv) To the extent that amounts remaining in the beneficiary's account upon the death of the beneficiary are not retained by the trust, the trust pays to the State from such remaining amounts in the account an amount equal to the total amount of medical assistance paid on behalf of the beneficiary under the State plan under this subchapter.

Enclosed are the following:

1. Copy of the Social Security Administration Program Operation Manual Systems (POMS) "Eight-Step Action Chart" on special needs pooled trusts. The first eight headings of the enclosed Special Needs Trust track the eight steps in the chart. The trust therefore meets in all respects the requirements to qualify as a Special Needs Pooled Trust under Section 1917(d)(4)(C) of the Social Security Act.

2. Copies of the Master Trust document and Joinder Agreement.

3. Copy of Pages 9J-73 - 9J-77 from the Medi-Cal Eligibility Procedures Manual, Section No. 50489 et seq., Manual Letter No. 192. In addition, under State law/rules, the trust meets all of the following requirements set out in the Medi-Cal Eligibility Procedures Manual (Section No. 50489 et seq., Manual Letter No. 192 [Pages 9J-73 - 9J-77]) because:

- a. The pooled trust was established after August 11, 1993;
- b. The pooled trust was established and is managed by a non-profit association, the SNTF.
- c. The pooled trust contains the assets of an individual or spouse who is determined to be currently disabled in accordance with Title 22, Section 50167(a)(1);
- d. The SNTF maintains a separate account for the beneficiary of this pooled trust (but for purposes of investment and management of funds, the trust pools these accounts);
- e. The pooled trust provides that the Department of Health Services, upon the death of the disabled individual or disabled spouse or upon earlier termination of the trust, receives all amounts remaining in that individual's account, equal to the amount of medical assistance paid on behalf of that individual to the extent that amounts remain in that individual's account and are not retained by the trust to cover the costs of that individual's remaining management and investment fees, outstanding bills that fall within the terms of the trust, and burial/funeral expenses;

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f. Each account is established solely for the benefit of the disabled individual by the disabled individual, his or her parents or grandparents, the legal guardian of that individual, or by a court.

In my opinion, this trust qualifies as a Special Needs Pooled Trust under Section 1917(d)(4)(C) of the Social Security Act and under State law and rules.

If you have any questions regarding this letter or its enclosures, please contact me.

Sincerely,

ATTORNEY NAME

Enclosures:

- POMS Eight-Step Action Chart
- Master Trust Agreement
- Joinder Agreement
- Medi-Cal Eligibility Procedures Manual Section No. 50489 et seq., Manual Letter No. 192 (Pages 9J-73 - 9J-77)

cc: Leslie Autry, SNTF Administrator
SNTF-SD
P.O. Box 1890
Lakeside, CA 92040

BENEFICIARY

IN CARE OF (if applicable)

ADDRESS

ADDRESS