



AHCCCS is  
Arizona's  
Medical  
Assistance  
Program  
(Medicaid)

# Special Treatment Trust Anticipated Disbursements



Customer:	AHCCCS ID:	Customer #:
Eligibility Specialist:	Office:	Phone:

As the trustee for a Special Treatment Trust, please use this form to report anticipated trust income and disbursements for the months identified below. Please refer to the back of this form for a listing of prohibited trust disbursements. **Please complete, the list for each month, sign, date, and return this form to your ALTCS worker in the enclosed envelope by \_\_\_\_\_.** **Remember:**

- Please refer to the Acknowledgement of Responsibilities as the Trustee of a Special Treatment Trust form for more information about the payments you can issue from the trust. Disbursements can only be issued for the benefit of the trust beneficiary and cannot be issued for the benefit of any other person. When a disbursement is issued for common household expenses or any other shared expense, the payment cannot exceed the customer's proportionate share of that expense
- Trust disbursements for Share of Cost and family/spouse maintenance are limited to the figures below. If not all of the beneficiary's income is assigned to the trust, list the portion of those payments that will be paid from the trust.
- You are **not** allowed to issue a lump sum Personal Needs Allowance. You must itemize disbursements for each separate need.
- If disbursements to the beneficiary or issued on the beneficiary's behalf for food or shelter, plus income not assigned to the trust exceed the ALTCS income limit, there is no eligibility.

**ALTCS ELIGIBILITY SPECIALIST** – Enter the dollar amount of the customer's estimated share of cost, personal needs allowance, and the total of Family and Spouse Maintenance, if appropriate in the un-shaded boxes in the second column below. **The trustee must have this information to fill out the form correctly.**

Month:	Amounts Provided by Eligibility Specialist						
Income Assigned to the Trust:							
The ALTCS Share of Cost (SOC):							
Legal & Professional Expenses: Related to the trust administration • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:							
Shelter, including room & board:							
Pre-Paid Burial Expenses: (See back page)							
Payments to the Trust Beneficiary:							
Entertainment/Vocational Items:							
Transportation:							
<b>Total of all Disbursements:</b>							

**See reverse side to list anticipated disbursements for the next six months**

Month:	Amounts Provided by Eligibility Specialist						
Income Assigned to the Trust:							
The ALTCS Share of Cost (SOC):							
Legal & Professional Expenses: Related to the trust administration • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:							
Shelter, including room & board:							
Pre-Paid Burial Expenses: (See Below)							
Payments to the Trust Beneficiary:							
Entertainment/Vocational Items:							
Transportation:							
<b>Total of all Disbursements:</b>							

**PERMISSIBLE BURIAL EXPENSES**

Trust funds may be disbursed for one of the following items for the trust beneficiary:

- Purchase of a prepaid burial plan funded by an irrevocable life insurance policy; irrevocable burial account, irrevocable trust account or irrevocable escrow account.
- Purchase of life insurance to fund a burial plan in an amount that does not exceed \$1,500 after the deduction of the costs of burial items (grave site, casket or urn, memorial, etc).
- The funding of a burial fund account in an amount not to exceed \$1,500.

Note: Payments on one of these items is not allowed as a deduction in determining the ALTCS share of cost.

**PROHIBITED TRUST DISBURSEMENTS**

**Gifts to, payments for or loans to other persons, whether in cash or in kind, are NOT allowable disbursements**

**Trustee Responsibilities:**

- It is your responsibility to notify the AHCCCS Administration of any changes in the information regarding income or disbursements provided on this form 45 days in advance of the change. Changes reported less than 45 days in advance will be considered untimely.
- An adverse action may be taken against the customer’s eligibility for ALTCS if you as trustee violate the terms of the trust or take any action that limits the State’s beneficiary interest in the trust.

**I swear or affirm, under penalty of perjury, that the information provided by me in regard to the trust is true and correct to the best of my knowledge. I also swear or affirm that I understand my responsibilities as the trustee of a Special Treatment Trust.**

Trustee Signature	Date
-------------------	------