OSNT quarterly



Achieve with us.

IN THIS ISSUE:

- From the Director
- Annual Spending Targets
- Investment Performance Report
- Shopping Tips
- Disbursement FAQs
 - Appeal Process
 - Bills & Receipts

INSERT:

Satisfaction Survey

Stay Informed

Stay informed about all of the great things happening at the OSNT and at The Arc Oregon by signing up for our enewsletter. Go to our website at

www.thearcoregon.org and click the Stay In Touch box to register.



FROM THE DIRECTOR

By Paula Boga

Happy Summer Everyone! I hope that you had a wonderful Fourth of July holiday, and that you are enjoying the warm weather.

I hope that you enjoy this edition of our newsletter, which is focused on questions and concerns about disbursement requests. Many commonly asked questions are answered and detailed information is provided about the disbursement process.

Also in this issue, you will find a Customer Satisfaction Survey that I hope you will take a few minutes to complete and return. For those of you who prefer to do things electronically, you may complete the form on our website (www.TheArcOregon.org) or you may download a Microsoft Word form to complete and return via email. If you need assistance in completing the form, please call our office at 503-581-2726.

As many of you know, the trust program has undergone significant changes in the past 18 months. We would like to know what you think about those changes and find out how else we might improve the program to best serve our clients. Your feedback is essential!

As always, please do not hesitate to contact us if you have any questions about your trust account. Cici and I are always happy to assist you in any way that we can.





ANNUAL SPENDING TARGET

What is it and why do I have one?

Many beneficiaries can benefit from an annual spending budget. The purpose of an annual spending target is to tell us how much money can be disbursed each year to ensure that funds are available on a long term basis, if not throughout

your lifetime, while at the same time ensuring that all of the funds are spent for your sole benefit prior to your death. This is sometimes referred to as a "self-depleting" fund.

To determine the annual spending target, the following factors are considered:

- Your current age
- Life expectancy based on actuarial tables and current health
- The average rate of return on investment
- Annual trust maintanence and administration fees
- Personal circumstances and needs

If there are not enough funds to realistically last a lifetime, then we will work with you to determine a plan for the use of the funds. This advanced planning helps you, your representative(s), and the Trust Director have a clear understanding of how the funds will be used in your best interest.

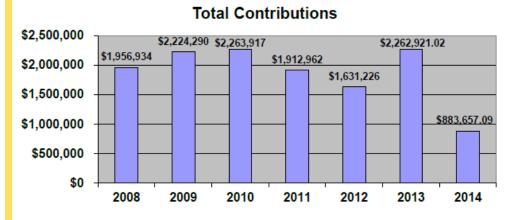
This annual spending target is a GUIDELINE; it is not set in stone, and it can be adjusted from year to year based on changing circumstances, unexpected needs, or other factors that need to be considered. We want to work with you to create a long term plan for your trust account that will meet your needs and will ensure that funds are available for you when needs arise.

Investment Performance: 2nd Quarter - 2014

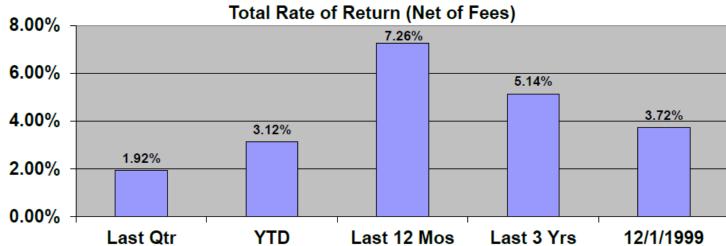
OREGON SPECIAL NEEDS TRUST

Performance Results for the Period Ending June 30, 2014

The Oregon Special Needs Trust seeks to achieve a rate of current income necessary to meet the needs of the Trust beneficiaries.







Disclaimer: Returns shown represent the results of the Oregon Special Needs Trust managed by HighMark Capital Management, a subsidiary of Union Bank, NA. Historic performance is no guarantee of future results. Proceeds upon redemption may be either less than or greater than the original investment. There is no guarantee that this or any investment strategy will achieve its investment objective. Investments are not guaranteed by Union Bank, NA and are not insured by the FDIC or any other government agency.

SHOPPING TIPS

Many of our trust beneficiaries have experienced a great deal of frustration and inconvenience as a result of some retailers not accepting a third-party check from the trust account. We understand and share your frustration!

We continue to investigate ways to overcome these issues and will keep you informed of any progress we make in the future. In the meantime, there are a couple of things that you can do that may help:



- 1. Go shopping during normal business hours if possible so that if there is a problem at checkout, you can call our office from the store. We may be able to speak with a manager and ask them to override the check denial.
- 2. We do have a letter that we can send you to verify the funds in the account. You may ask for a letter with your disbursement request and we will send it to you with the check.

IMPORTANT: If you do not spend the entire amount of the check, you **MUST** return the extra funds to the trust! Getting the extra funds back on a gift card is not an allowable option, nor is keeping the extra money in your pocket. Additional disbursments may be delayed if you keep the extra money, so please spend it all on allowable items!

DISBURSEMENT QUESTIONS & ANSWERS



Why was my request denied?

Statistically, only about 3% of disbursement requests are denied. This past quarter, only 2% of requests were denied (10 out of 526 requests). Most denials are issued because the request does not meet the requirements for an allowable expense pursuant to Social Security guidelines for special needs trust disbursements. Those disallowable items include food, shelter, cash or cash equivalents, any expense that is not for the SOLE BENEFIT of the trust beneficiary. Items NOT ALLOWED include:

- All food, including beverages, candy and dining out
- Rent, electricity, gas (for home), water, homeowner's insurance, property taxes
- Tobacco products, alcohol, firearms
- Gift cards, gift certificates, reimbursements to a beneficiary
- Gifts for other people

Another common reason for a denial is lack of documentation. If you do not provide the necessary documentation that clearly demonstrates an allowable expense, your request may be denied until such time as you provide additional information to support your request.



Can I appeal a disbursement denial?



YES! There are **four appeal levels** available to you. When a request is denied, a letter of explanation is sent to the requestor explaining the reasons for the denial.

- 1. If the denial was issued because there is a lack of required documentation, you may submit the requested documentation to the Program Director for reconsideration.
- 2. If there is no additional documentation requested, and you disagree with the denial, you may submit an appeal request **IN WRITING** to the Executive Director.
- 3. If the Executive Director upholds the denial, you may submit a written appeal request to the OSNT Advisory Committee.
- 4. If the Committee upholds the denial, you may submit a FINAL written appeal request to The Arc Oregon Board of Directors. The Board's decision is final.



Why do you need the complete bill for a cable, phone or internet service payment?

For account documentation and auditing purposes, we must have a copy of the ENTIRE statement from your service provider, not just the payment slip or the first page. We need this to document what services are being paid for and to verify that only one account for your benefit is listed on the billing statement. Your request may be denied if a full copy of the bill is not included with your request.

To make things easier for you, you may request a recurring monthly payment and have your bill sent directly to our office. That way, we will always have the full copy of the bill. Upon request, we will send you a copy of your bill each month when we process the payment.



Why do you need to see an itemized receipt for a credit card purchase?

As with the service bills, we need to show full documentation in our files of what items were purchased. We must verify that all items purchased were allowable under the special needs trust rules. For example, you may think it is obvious that if the receipt is for a purchase at a book store, that books were purchased; however, many book stores sell candy and other food items near the checkstand.

We must be able to verify that only allowable items are purchased. As a result, your request may be denied if you do not include an **ITEMIZED** receipt for credit card charges, not just the charge slip with the total amount.

Achieve with us.



Oregon Special Needs Trust 2405 Front Street NE #120 Salem OR 97301 www.thearcoregon.org

CONTACT US:

Oregon Special Needs Trust 2405 Front Street NE #120 Salem OR 97301

P: 503.581.2726 F: 503.363.7168

www.thearcoregon.org

Paula Boga Program Director pboga@thearcoregon.org ext. 303

Cici Gaynor

Administrative Assistant

cgaynor@thearcoregon.org

ext. 301

IN THE NEXT ISSUE:

Survey Results

Watch for the next issue in October!

CURRENT DISBURSEMENT FORMS

Are you using the most current Disbursement Request forms?

All of our forms were last updated in February 2013. We are still receiving forms from some beneficiaries that were used back in 1999. Please be sure that you are using our most current forms. You may download the forms from our website at www.thearcoregon.org or you may call us to request new forms via email or regular postal mail.

You can identify the most current form by looking for the date (02.2013) in the bottom right corner of the form. Pictures are below so that you can determine whether or not you have the most up to date forms.

DISBURSEMENT REQUEST FORM

The Arc.	DISBURSEMENT REQUEST FORM OREGON SPECIAL NEEDS TRUST
FORM INSTRUCTIONS:	
	eeks for processing disbursement checks.
 Checks will be iss 	sued directly to the <u>wendor</u> .
	ing item(s) to be purchased and/or purchase orders should accompany requests. Receipts are weeks of disbursement.
	be issued directly to the subaccount beneficiary.
recurring monthly	ible to be paid by trust funds should be submitted with payment coupon. To schedule a y payment, please use the Recurring Payment Disbursement Request Form.
the card payment	will be paid directly to the credit card vendor. ALL of the following criteria must be met or twill not be paid:
	mses charged to the credit card are eligible to be paid with trust funds. must accompany the credit card bill and disbursement form.
	rd bill does not have a prior balance.
	rd statement is current and payment is not overdue.
	and support service expenses are eligible for payment with trust funds only after governmental
	r private insurance has been met and proper documentation has been received. sbursement form and required documentation by mail, fax, or email as shown below.
MAIL TO:	
FAX TO:	
DIAL I	. Usualisating Harconcounter
Beneficiary's Name:	
Beneficiary's Name: Date of Request:	Trust Subaccount #:
Date of Request:	Trust Subaccount #:
Date of Request: Description of Purchase:	Trust Subaccount #:
Date of Request:	Truit Fabliccount F:
Date of Request: Description of Purchase:	
Date of Request: Description of Purchase: Make Check Payable To:	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendon's Address: (If applicable)	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address:	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (If applicable) Date Due: (If applicable)	Check amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendon's Address: (If applicable)	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (If applicable) Date Due: (If applicable)	Check amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name:	Check amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name:	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name:	Check Amount: 5
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name:	Check Amount: 5
Date of Request: Description of Purchase; Malke Check Payable To: Mall Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name: Requestor's Signature:	Check Anounc: 5 Beneficiary Requestor Vendor Requestor's Phone: (Signature reported: requestor must be a person authorized to request disbursements)
Date of Request: Description of Purchase: Make Check Payable To: Mail Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name:	Check Amount: 5
Date of Request: Description of Purchase; Malke Check Payable To: Mall Check To: Vendor's Address: (if applicable) Date Due: (if applicable) Requestor's Name: Requestor's Signature:	Check Anounc: 5 Beneficiary Requestor Vendor Requestor's Phone: (Signature reported: requestor must be a person authorized to request disbursements)

RECURRING PAYMENT REQUEST FORM

The Arc.	RECURRING PAYMENT REQUEST FOR/ OREGON SPECIAL NEEDS TRUS	
**** IMPORTANT: ****		
	thly payments will be made for up to 12 months from the date of the request. new request form must be submitted in order to continue the recurring payment.	
FORM INSTRUCTIONS:		
	requesting a recurring payment only (monthly, bi-monthly or quarterly).	
Once the monthly (Reneficiary's Na	y payment has been approved, you may change the billing statement mailing address to: me] c/o The Arc Oregon, 2405 Front Street NE, Suite 120, Salem OR 97301.	
	hange the mailing address until the monthly payment has been approved.	
 Even when approrthe vendor. 	ved for monthly payments, no bill will be paid without the actual invoice being received from	
	paid must show the beneficiary as the responsible party.	
	sued directly to the vendor but can be mailed to the beneficiary if desired.	
 Credit card bills v 	will NOT be automatically paid on a recurring basis. Please use a standard Disbursement	
	request payment of a credit card bill. sbursement form and required documentation by mail, fax, or email as shown below.	
MAIL TO:	2405 FRONT STREET NE, SUITE 120, SALEM OR 97301	
EMAIL TO	DISBURSEMENTS@THEARCOREGON.ORG	
Beneficiary's Name:		
Date of Request:	Trust Subaccount #:	
Description of Monthly Service Bill:		
Make Check Payable To:	Payment Amount: \$	
Mail Check To:	□ Beneficiary □ Requestor □ Vendor	
Vendor's Address:	Deserting Amperor Trends	
(if applicable)		
Date Due:	Frequency: ☐ Monthly ☐ Bi-Monthly ☐ Quarter	
Date Duc.		
Requestor's Name:	Requestor's Phone:	
Requestor's Name: Requestor's Signature:		
Requestor's Name:	Requestor's Phone: (Signature required: requestor must be a person authorized to request disbursements)	
Requestor's Name:		
Requestor's Name:		

Not Shown: Travel Disbursement Request Form (2 page form)

Each of our forms has important information about the type of request that you are submitting. Using the most current forms ensures that you have the most current information about our policies and procedures. Having accurate information about the process will help you to have an easier and faster disbursement request experience.

Do you have a question or topic that you think should be featured in the next newsletter? Please send your question to pboga@thearcoregon.org.