

Legal Considerations in  
Planning for People with Special Needs

# A Guide for Siblings and other Decision-Makers



plan | NJ

Planned Lifetime Assistance Network of New Jersey

by Ira M. Fingles, Esq., S. Paul Prior, Esq., and Hillary Freeman, Esq.

## **About Planned Lifetime Assistance Network of New Jersey (Plan | NJ)**

PLAN/NJ is a private, non-profit organization that serves hundreds of families throughout the state of New Jersey who have a loved one with severe disabilities and/or mental illness. We offer: guardianship, advocacy, and case management/monitoring, representative payee services, Special Needs Trust Administration and a Community Special Needs Trust. We develop Life Care Plans that ensure that loved ones continue to receive care and support even after their caregiver is unable to provide supports. *(For more information on Plan/NJ, see inside back cover).*

## **About Hinkle, Fingles & Prior, Attorneys at Law**

Herbert D. Hinkle, Ira M. Fingles, S. Paul Prior, and their associates maintain a multi-state law practice in New Jersey and Pennsylvania with offices in Lawrenceville, Cherry Hill, Paramus and Florham Park, New Jersey, and in Plymouth Meeting and Bala Cynwyd, Pennsylvania.

They lecture and write frequently on topics of law, aging, disability, special education, health care, and estate planning. They are available to speak to groups in New Jersey and Pennsylvania at no charge.

# Legal Considerations in Planning for People with Special Needs

## A Guide for Siblings and other Decision-Makers

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A Note from Ellen Ball Nalven, Executive Director of Planned Lifetime Assistance Network of NJ (PLAN/NJ)

Dear Friends,

In these days of lessening governmental supports for those with disabilities, it is a reality that care for loved ones is predominantly provided by the family. Most often, parents are the caregivers. There comes a time, however, when other options must be considered.

Planned Lifetime Assistance Network of New Jersey, Inc. (PLAN/NJ) is very pleased to be associated with Hinkle, Fingles & Prior, Attorneys at Law. As an integral part of that association we present this special booklet as a guide for all siblings of individuals with a developmental disability or a mental illness who are preparing to take on more responsibility in the care of their brother or sister. This guide will help educate family members on topics such as special education, adult services, guardianship and estate planning, and income and medical benefits.

Medical advances are ensuring that those with disabilities are living longer than ever before, frequently outliving their parents. As exciting as these developments are, they nonetheless create challenges for family members. Even when parents are still present, their aging eventually makes it difficult, if not impossible, for them to continue the level of care they may have been providing for decades and eventually these tasks fall to other relatives; most often a brother or sister.

The thought of having to provide all of the care and support for their sibling; advocacy, transportation, clothing, holiday visits, trips to the doctor and so on, that was once provided by their parents, can seem daunting if not impossible. Who will make certain that their sibling continues to receive appropriate care and support? Who will advocate for them and see to it that their quality of life does not diminish? A sibling might well ask, "Who will care for my brother or sister when my parents are gone?"

It is the mission of PLAN/NJ to answer that question.

I look forward to working with all of you in order that the lives of you and your sibling remain fulfilling, rewarding, and filled with hope and promise.

Ellen Ball Nalven, M.Ed.  
Executive Director, PLAN/NJ

## Introduction

Until now, most of the information for families of people with disabilities or mental illness focused on issues of importance to parents, ignoring the primary role that brothers and sisters often play in the lives of their siblings with special needs. Among all family relationships, that of siblings is the longest lasting.

Brothers and sisters who have a sibling with a disability or a mental illness face unique challenges. As young children, they may have been frightened, bewildered or embarrassed by their sibling's behavior or disabilities. Often, there is resentment because of the increased parental attention that the sibling with special needs received. As the family grows older, brothers and sisters may worry that they will have to financially support their sibling with special needs. They wonder whether their sibling will need to live with them in their home, or whether the increased care giving demands will interfere

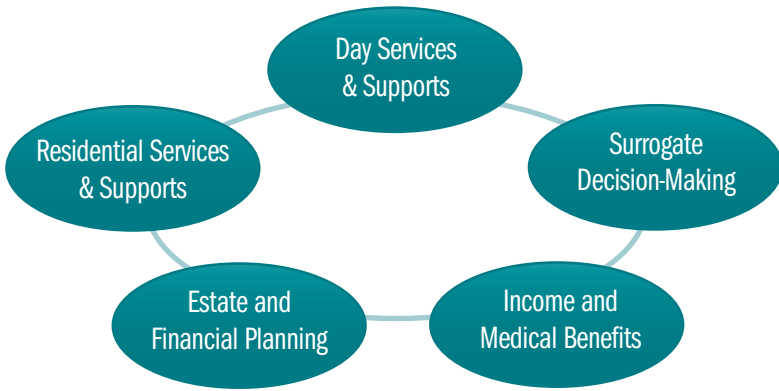
with the achievement of their own goals and dreams.

Perhaps the most anxiety-provoking issue to the non-disabled siblings is uncertainty about how their sibling's needs will be met after the parents are no longer able to provide for them. These concerns are natural and must be addressed. With proper planning and candid discussions, parents can help ensure that all of their children, both disabled and non-disabled alike, manage these issues and go on with their lives in a comfortable, secure manner after they themselves are gone.

This brief guide to services for people with disabilities and mental illness includes suggestions of things both parents and siblings can do to plan for the future and ensure the continuation of services without interruption.

***Brothers and sisters who have a sibling with a disability or a mental illness face unique challenges.***

Although the needs of adults with special needs vary greatly, depending on the nature of the disability or condition, services fall into five general areas:



### The Questions:

- What needs to be done to ensure that a decision-maker is legally empowered to act on my child's behalf after he/she reaches adulthood?
- What services are available to make sure that my child has an appropriate job or day program?
- How can I ensure my child has an appropriate, safe place to live?
- How can I make sure that the costs of my child's personal and recreational needs are covered?
- What steps do I need to take now to make sure that services are available without delay when the need arises?
- How can I provide financial security for my child without jeopardizing vital services and benefits?
- How do I provide funds for the benefit of my child without subjecting those funds to claims by the government for repayment for services that my child receives?

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***If parents have not addressed these issues, non-disabled siblings should persuade their parents to attend to them as soon as possible.***

## Services for Children

Although it is unlikely that adult siblings will be directly involved in the education of their brother or sister, they should understand special education rights and obligations.

Under federal law, children between the ages of 3 and 21 who have a learning, emotional, social or medical condition that negatively affects their ability to benefit from school are entitled to special education services, at no cost to the family. In New Jersey, this is the responsibility of local school districts.

School districts must identify and evaluate children with disabilities. Regulations set out timelines and the methods to accomplish this, as well as administrative procedures to resolve disputes.

A student must receive an individualized program of services and supports that meets his or her unique needs. Each year, the school district must develop a written Individualized Education Program (IEP) outlining the goals for the child, and the services needed to meet those goals. The IEP might involve classroom modification, individual instruction, therapy, placement in a specialized class or a private school, or residential services. Some children are entitled to an extended year program over the summer months.

Starting at age 14, schools are required to provide transition planning and services, designed to help the student prepare for adult life. These services, if provided well, can help ensure a seamless move from school to post-secondary services.

Schools must document each eligible child's special education needs and their progress. These records can be helpful later in life to determine eligibility for adult services and other government assistance programs. Therefore, parents should keep evaluations and IEPs at least until adult services and social security benefits are secured. Doing so will greatly help the non-disabled sibling's efforts on behalf of their brother or sister.

### The Questions:

- Was your family member with special needs ever eligible for special education?
- Where are the school records, including the most recent IEP and any evaluations?
- Did the school provide transition services it described in the IEP?
- Were any post-secondary service providers identified?

## Adult Services

Services for adults with developmental disabilities, such as autism, intellectual disabilities, epilepsy, spina bifida and cerebral palsy are generally provided by the Department of Human Services' Division of Developmental Disabilities (DDD).

Services for adults with mental illness and psychiatric conditions are generally provided by the Department of Human Services' Division of Mental Health and Hospitals (DMHH).

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### **If your family member has a developmental disability, DDD provides the following services:**

#### **Day Services & Supports**

Individuals with developmental disabilities should be provided with constructive, structured activities during the day. These services are available through DDD, or in some cases, the Division of Vocational Rehabilitation Services (DVRS).

Depending upon one's preferences and ability levels, these services can range from placement in a sheltered workshop to the provision of job coaching and other supportive services in a community-based employment setting.

There may be a waiting list for some services, so it is important to apply early. If possible, an application for services should be completed five years before the individual graduates from school.

Families should try to ensure that adult services are in place upon graduation. If this is not possible, then it is critical that these services are in place before parents are no

longer capable of providing care. However, if parents have not done so before they are gone, then siblings must immediately seek to acquire these services for their brother or sister. In some cases, an adult with a disability may be entitled to an emergency day placement.

#### **DDD Residential Services**

DDD is the primary source for residential services for individuals with developmental disabilities in New Jersey. Placement options range from group homes, in which several individuals with disabilities live together and receive around-the-clock care, to supervised apartments and supportive living programs, in which an individual with disabilities lives on his or her own and receives training and periodic visits from support staff. It may also be possible to secure funding for support services to allow an individual to remain in his or her own home. However, securing the appropriate placement takes time.

Waiting lists can run five to seven years, or longer. In order to receive residential services, one must be in the 'priority' category of DDD's residential waiting list. Although immediate placement may be available in an emergency, such as the death or incapacity of parents, it is

important for siblings to encourage parents to seek assignment to the priority category of the waiting list while they are still healthy. Doing so will help avoid a crisis and may increase the number of options available when residential placement is made.

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**If your family member has a psychiatric disability or mental illness, DMHS provides the following services:**

Determining the appropriate support services can be a challenge due to the dynamic nature of psychiatric disabilities. Individuals may go through periods of time in which the need for support is minimal, and later need intensive support services.

## **Mental Health Residential Services**

Priority for community residential services is given to people eligible for discharge from state psychiatric hospitals; but some individuals can go directly from home into a supervised living arrangement. Residential services are most often provided through service agreements with community agencies providing support in the development of life skills. Programming focuses on the use of generic community supports to meet the physical, psychological and social needs of participants. Supportive housing is designed to ensure consumers of mental health services, a choice of permanent, safe, affordable housing. Supportive housing offers individuals opportunities for involvement in community life. Emphasis is placed on the development and strengthening of natural supports in the community.

## **Acute Care Needs**

During times when hospitalization is needed, short term care is provided through psychiatric units in a general hospital for individuals who meet the legal standards for commitment and require intensive, time-limited treatment. Admissions to these "short term care facilities" (STCF's) must be referred through an emergency or designated screening center.

Psychiatric residential mental health facilities operated by the state and counties are authorized to accept persons in need of involuntary commitment. Admissions are only accepted from emergency screening centers and short-term care facilities. Discharge generally includes linkages and referral to community-based support services.

## Employment

Supported Employment Services offer competitive work in integrated work settings for individuals for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a severe disability and who, because of the nature and severity of their disability, need intensive supported employment services and extended support services.

Under Title I of the Americans with Disabilities Act (“ADA”), individuals with disabilities, including those with mental illness, are entitled to reasonable accommodations in the workplace, which will assist them in doing their job. Reasonable accommodations include making existing facilities used by employees readily accessible and usable by individuals with disabilities, and making changes in the way a person applies for a job or carries out work. This may include job restructuring, part-time or modified

working schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations.

Reasonable accommodations must be provided unless the employer demonstrates that to do so would be an “undue hardship.” It is the employee’s responsibility to initiate a request for these accommodations with his or her employer. An employer may request medical documentation from the employee to substantiate the disability and requested accommodation. An employee must always be able to perform the essential functions of his or her job. New Jersey also has a state law against discrimination that provides employees with disabilities similar protections.

## Fees and Payments

Many state agencies are legally entitled to seek reimbursement for the costs of the services provided. Currently, in New Jersey, the only service for which reimbursement is sought is residential placement.

The government can seek reimbursement from parents of children under the age of eighteen. After that age, the government can

only seek reimbursement from the individual receiving services. Therefore, it is important to ensure that the individual’s assets are correctly protected so as to limit exposure and help avoid the need to pay for services that would otherwise be provided by the government at no cost.

Services for adults with mental illness

are not federally mandated and are not always free of charge. In the past, people with mental illness were required to pay for care at a state or county psychiatric hospital. Liens were filed against these individuals for recoupment of the costs of providing services. A 'lien law' signed in 2005 eliminated institutional liens against individuals who had been treated at State and County psychiatric hospitals. Liens filed against a person treated at a psychiatric facility now have no legal effect. No new liens may be filed.

If a family member with mental illness had a lien assessed in the past, he/she is entitled to have that lien discharged. This law does not have any affect on DDD clients and their responsibility to contribute to the cost of their care.

In the event the person inherits money or begins to earn a wage, it may be useful to

seek legal counsel to protect assets and seek a compromise.

### **Important Considerations:**

Some parents believe that the sibling without a disability will allow their brother or sister to live with them after they (the parents) are gone. Often, this is not a realistic option.

Children without disabilities may have families of their own and/or work responsibilities that make providing care to an adult with a disability or a mental illness nearly impossible. For example, a non-disabled sibling may be required to relocate to another part of the country for work. Additionally, spouses and children of the non-disabled sibling can become resentful of the demands placed on their family when faced with day-to-day care giving. Parents must consider the effect that such an arrangement would have on the adult child with special needs, who may be better served by living apart from family and as independently as possible.

### **The Questions:**

- Is your family member with special needs eligible for DDD services? DMHS services?
- What supports are needed?
- Is he/she on a waiting list? If so, for what service?
- Who is the case manager?

**Siblings owe it to themselves, their parents, and their brother or sister, to be candid about their willingness to provide life-long care. Parents owe it to their children both with and without disabilities to carefully plan for the future.**

## Guardianship & Surrogate Decision-Making

No issue will confront a non-disabled sibling more than that of guardianship.

In New Jersey, the age of majority is eighteen. In the eyes of the law, even those with a significant developmental disability or a serious mental illness are legally permitted to make decisions on their own behalf at the age of 18. A person with a disability or a mental illness is not capable of making his or her own decision; it is necessary to secure the judicial appointment of a guardian.

After parents are gone, the brother or sister of a person with a disability is the next person best suited for this role. It is important, therefore, for the sibling to have a basic idea of a guardian's responsibilities.

A guardian is someone appointed by the court to make decisions on behalf of another person who cannot make decisions independently.

### **There are two types of guardians:**

1. A "guardian of the person" usually has the power to make decisions concerning living arrangements, day programs, medical care, and other personal decisions.
2. A "guardian of the property" usually has the power to make decisions regarding whether and how to sell, trade, or invest property. They do not, however, have power over assets held in trust unless the guardian is also the trustee (see page 15).

In order to have this authority, a court must first find that the person cannot make decisions about himself/herself or his/her property. If a court determines this to be the case, it will appoint someone to take on this responsibility; in most cases, one or both parents. The court may also appoint a brother or sister to serve as guardian with the parents, or alone, after the parents have died. Once they have secured guardianship for an adult child, parents can appoint a successor guardian in their will, or can temporarily delegate guardianship through a written document called a power of attorney.

The guardian's job is to make sure that the person with a disability or mental illness is to make decisions in the best interest of the person under guardianship and make sure he/she is safe. The guardian does not bear any risk for the person's acts or debts, and is under no legal obligation to provide direct care to the person. There is no 'downside' to serving as a guardian.

***Family members should understand that the non-disabled sibling would likely one day serve as their brother or sister's guardian. Parents should discuss this issue long before the need arises, and help the non-disabled sibling feel more confident in taking on this responsibility.***

Recently, changes in the state's guardianship law allow more flexibility in developing appropriate guardianship arrangements.

A **general guardian** may be granted if the individual is incapacitated, without the capacity to govern him/herself or manage his/her affairs.

A **limited guardian** may be granted if a court finds the individual is incapacitated yet has the capacity to do some, but not all, of the tasks necessary to care for him/herself.

A court may grant **temporary guardianship** while a complaint for guardianship is pending.

**Advanced Directives** empower consumers to use their unique knowledge of their own illness and past response to treatment to participate in treatment decisions even when the illness makes direct current participation impossible, and provides for a registry to assist providers in accessing the wishes of the consumer.

NOTE: The Advance Directives for Mental Health Care Act requires mental health care providers to develop policies and procedures to help consumers of mental health services in executing a directive if they wish to do so and to implement those directives should a substitute decision-maker or instruction be necessary.

### The Questions:

- Is your family member over the age of 18?
- Is he/she able to make decisions on his/her own behalf?
- Has guardianship been secured?
- Who is guardian?
- Has a successor guardian been named in the guardian's will?
- Is the successor guardian willing and able to perform the duties?
- Are you willing and able to serve as guardian for your sibling with disabilities when your parents are no longer able? If not, who will?

## Estate Planning Considerations

Most parents want to leave assets to their children when they die. However, if a person with a disability receives assets, the results can be disastrous. The person will lose Medicaid and SSI, and the assets may also be subject to recoupment by Medicaid or by the State of New Jersey if the person is receiving residential services.

Learning this, some parents are inclined to disinherit the child with a disability or mental illness, leaving everything to the non-disabled children with verbal instructions to use part of the inheritance for the benefit of the sibling with a disability. This is what is sometimes

referred to as a ‘gift of moral obligation,’ and it can be equally disastrous.

For example, the non-disabled child may not use the inheritance on their sibling’s behalf, and is under no legal obligation to do so. The spouse of the non-disabled child may want to use the assets for other purposes not related to the sibling with a disability. Even if the non-disabled sibling uses the assets exactly as the parents intended, they can be claimed by creditors, can have negative tax consequences on the non-disabled sibling, and can be subject to equitable distribution in the event of divorce.

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## Special Needs Trusts

Experienced lawyers and other professionals recommend the establishment of a special needs trust (SNT). A SNT can protect the assets, yet make them available to protect and enrich the life of the person with a disability without jeopardizing benefits available from the government. A SNT is a unique legal document that contains instructions describing how assets will be administered on behalf of a person with a disability. It must be carefully worded and is best written by professionals familiar with disability services and programs.

SNT can be used to hold assets for a disabled person. Even families with modest

assets should establish a trust; such trusts can be funded through life insurance or estate assets distributed through a Will. If the assets have never vested in the person with a disability, the SNT need not contain a provision reimbursing Medicaid and other providers.

A trust can be established in a Will or as a separate document that is sometimes called a ‘living trust.’ Usually, it is a mistake to establish the trust in a Will when the chief beneficiary is a person with a disability. When the trust is funded, usually on the death of both parents, the trustee’s responsibilities begin.

## The Trustee

The person, persons, or organization that manages the trust are referred to as the trustees. There can be one or more trustees. In most cases, the sibling without a disability will serve as trustee of the SNT, so it is important to understand the role of the trustee.

*Here are some examples of a trustee's duties starting at this point:*

- Suppose at the death of the second parent the trust is funded with \$200,000 from life insurance or estate assets. The trustee's first job is to obtain a tax identification number (which is like a social security number) from the IRS for the trust. Next, the trustee must decide where to invest the assets. The trustee may decide to put \$50,000 in a money market account, \$50,000 in Treasury Bills and \$100,000 in a mutual fund. Each account will be opened in the name of the Trust. If the income is high enough, the trustee will file an annual tax return for the trust and pay any taxes owing. The trustee will also draw a fee and obtain reimbursement for expenses.
- The trustee must review the beneficiary's needs periodically. For example, suppose Beth lives in a group home and receives social security. The social security benefit must be used before trust assets are touched. Perhaps the group home is

sponsoring a trip for the residents. The trustee will review this with Beth and her guardian; and, if they agree, the trustee will write a check to cover the cost of the trip. The trustee can also use the trust assets to purchase personal items for Beth, such as a television, I-Pod, computer, etc., which are not provided by government benefits programs. Trust assets can also be used by the trustee to pay for time and travel expenses associated with visiting Beth. If time and distance do not permit this to happen, the trustee can use trust funds to pay someone else to visit Beth, observe her program, and report back to the trustee, guardian, and other family members.

Upon Beth's death, the trustee would pay funeral expenses, and distribute the remaining funds in trust according to the instructions contained in the trust document. The funds might go to other family members, friends, or charity.

Assets belonging to the person with a disability, such as the proceeds of a personal injury case, or even an inheritance given directly to the person, can be sheltered in a SNT. This requires court approval and the SNT must conform to the requirements of federal law. The trust must also provide for repayment to Medicaid, and presumably to other government agencies, upon the death of the person with a disability.

### The Questions:

- Is there a special needs trust in place for your disabled sibling? If so, who is the trustee?
- Do all family members know about the trust, and know not to leave assets directly to your disabled sibling?
- Has the trust instrument been carefully reviewed to ensure that assets will not affect eligibility for services that would otherwise be free?

## Letters of Intent

Letters of Intent are devices used to pass on key information from parents to another caregiver or successor guardian. It lists factual information such as educational history, medical history, and location of

vital records, as well as information about parental aspirations for the person with a disability, including goals for work and living arrangements. A protocol for a letter of intent can be downloaded from [www.hinkle1.com](http://www.hinkle1.com).

## Income Issues (SSI)

Supplemental Security Income (SSI) is available to people whose disabilities prevent gainful employment. In order to be eligible, the person must not have more than \$2,000 in countable resources and monthly income less than approximately \$800. People who qualify for SSI automatically receive Medicaid (see page 17). Because the income and resources of parents are counted until the child turns 18, many people with disabilities will not qualify for SSI until then. After age 18, the income and resources of family members or guardians are never deemed to the sibling with disabilities, regardless of where they live.

SSI pays a maximum of approximately \$600

per month. The actual amount depends upon a number of factors, such as where the person lives and what other income they may have.

Social Security benefits are available to disabled dependents of a parent who collects Social Security benefits or who dies. Individuals who receive Social Security also receive Medicare. Social Security benefits count as income for SSI purposes, and can reduce or eliminate SSI benefits.

Social Security Disability Insurance (SSDI) pays benefits to covered workers who are unable to work because of a disability. After two years, the worker qualifies for Medicare. Typically, SSDI is given to workers who sustain injuries;

however, sometimes, people with lifelong disabilities or mental illness qualify because of work history and experience a subsequent problem with continued employment.

Most people with developmental disabilities or mental illness who are unable to work are entitled to some type of cash benefit from the social security administration. In cases where the sibling with a disability or mental illness cannot handle their own finances, the Social Security Administration will appoint a Representative Payee to handle the benefit. If a parent is not able to serve, then the sibling

should take on this role. It is almost always preferred that a family member, close family friend, or a private agency such as PLAN/NJ become representative payee, rather than a government agency.

Temporary Disability Insurance (TDI), pays cash benefits to workers who cannot work due to an illness or injury not caused by their work. The weekly benefit amount is based on individual's average weekly wage. Individuals who had been working, but whose symptoms prevent them from working temporarily, are entitled to this benefit.

## Medicare, Medicaid & Other Health Care Insurance Issues

**Medicare** is provided to people 65 and over, to Social Security Disability Income (SSDI) recipients and permanently disabled Social Security recipients. Medicare is divided into two parts. Part A covers hospital and limited nursing care. Part B, which requires an extra premium, covers physician services, as well as a variety of therapies and other items. Medicare also has co-payments and deductibles. There are no income and resource tests for Medicare.

**Medicaid** is a federal funding system administered in New Jersey by the Division of Medical Assistance & Health Services (DMAHS). Medicaid pays for a wide array of services for people with disabilities and their families and provides government-funded health insurance for children and adults with disabilities who have limited financial resources. Medicaid does not have any

deductibles or co-payments. Unfortunately, many physicians will not accept Medicaid. Medicaid also provides government funding for long-term services and supports, including institutional care in nursing facilities and in some cases in non-specialized placements for people with disabilities or mental illness.

Eligibility for Medicaid is similar to that of SSI (see page 16). Like Supplemental Security Income (SSI) income and resources of parents will be deemed to a child under age eighteen. However, Medicaid can waive these rules if a child has medical needs so extraordinary that if without Medicaid, institutionalization would be necessary (Community Care Waiver).

In 1999, New Jersey enacted a limited mental parity law. The Act requires all health contracts, policies and enrollee agreements to provide coverage for biologically-based

mental illness under the same terms and conditions as provided for any other sickness by the contract, policy or enrollee agreement. This includes those with schizophrenia, schizoaffective disorder, major depressive

disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

## In Summary

With adequate planning, information and supports, siblings can feel confident taking on these responsibilities. Parents must plan carefully before it is too late so that the transfer of authority and responsibility is not disruptive to their child with disabilities

and is not overly burdensome on their child(ren) without disabilities. Siblings should remember that they are not alone and that many support groups and experienced professionals are available to help.

### **A Final Note: Planning for the Caregivers**

Even the best plans can be upset if one or both parents need to enter a nursing home.

Long Term Care Insurance (LTCI) to pay for nursing home services can be expensive but, in many cases, worthwhile. Medicaid and standard medical insurance do not cover an extended stay. LTCI also guarantees the ability to choose the best nursing facility.

A Durable Power of Attorney is useful to allow the transfer of assets in the event a parent becomes incapacitated or gravely ill. Not everyone is comfortable with this, but it should be discussed, not only for the benefit of the parents themselves, but also for the adult child with disabilities.

There is a unique provision in the federal Medicaid law that allows a parent to transfer funds to a disabled son or daughter and still qualify for Medicaid. Great care must be taken with such a transfer, however, to insure that Medicaid benefits for the child with disabilities are not lost. A special needs trust is often needed. All families, particularly those with a member who has a disability, must consider these issues carefully.

## About Planned Lifetime Assistance Network of New Jersey (Plan/NJ)

PLAN/NJ has been providing social services including; monitoring, advocacy and guardianship for nearly twenty years throughout the State of New Jersey. We believe that people with disabilities have the right to experience the quality of life and to receive the services that they and their families desire.

PLAN/NJ was the first non-profit agency in New Jersey to create and administer a community special needs trust (the PLAN/NJ Community Trust) for the benefit of people with significant disabilities. Trustee services can assist persons with disabilities to achieve the highest quality of life available in their current environment while protecting their government entitlements. Via a Special Needs Trust and proper future planning, families can identify and financially prepare for the future needs and dreams of their loved one with a disability.

Our agency develops LifePLANs that describe individuals' interests, talents, hopes and dreams. LifePLANs describe a person's existing support and provide a history of the person needing this support. Through the LifePLAN, the family can express present and future instructions for when families can no longer provide such support. The process of creating a LifePLAN builds confidence, answers difficult questions, and lessens the fear and anxiety families experience when planning for the future.

PLAN/NJ's purpose is five-fold:

1. To ensure and oversee a system of support that continues the care and quality of life for loved ones with specific needs.
2. To motivate, inspire and support the process, from beginning to completion, of developing a future plan for your sibling.
3. To replace fear with confidence – the confidence that comes with positive action.
4. To expand the vision of all possibilities available to individuals with disabilities and their families and to assist with the realization of those visions.
5. To shed light on the legal and financial solutions available and to share practical tips on how to apply these solutions to each family's unique situation.

Plan/NJ would like to thank the following for donating printing costs for this booklet:

**Hinkle, Fingles & Prior  
Attorneys at Law**

Representing individuals with disabilities  
and their families since 1974.

**[www.hinkle1.com](http://www.hinkle1.com)**

New Jersey:

Lawrenceville • Cherry Hill • Florham Park • Paramus

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Bala Cynwyd • Plymouth Meeting

(609) 896-4200 • (973) 660-9060  
(215) 860-2100

*and*



**The New Jersey State Bar Foundation**

New Jersey Law Center  
One Constitution Square, New Brunswick, NJ 08901  
732-249-5000

**[www.njsbf.org](http://www.njsbf.org)**