

Moving to Young Adult Life:



A Legal Guide
for Parents of
Youth with
Mental Health
Needs

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Acknowledgements

Parent/Professional Advocacy League (PPAL) is a statewide family organization dedicated to improving the mental health and wellbeing of children, youth and families through education, advocacy and partnership. PPAL is the leading public voice for families whose children have emotional, behavioral and mental health needs in Massachusetts.

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Getting Started

Moving to adulthood is a major transition for anyone. It can include going to school, beginning a new career or job, making important decisions or even starting a family. Whether they are called "youth in transition," "transition age youth," "youth aging out" or other terms, youth in this age group experience a number of challenges on their path to a successful adulthood. The emotional, behavioral and mental health issues of youth and young adults can directly affect how their transition is accomplished. When the issues are significant or complicated by substance use or other special needs, moving to independence may take longer and require more supports.



The journey can require that families have knowledge of a wide variety of topics including: applicable state and federal law, health insurance, school policy, self-advocacy and community support systems. Unfortunately, these topics are part of a fragmented puzzle, and while many families feel that they have adequate knowledge in one or two areas, there are other areas in which they do not feel well versed.

As a son or daughter becomes an adult, the role of the parent changes. Parents know their child's medical history, educational strengths and challenges and learning style. They have often been the insurance advocate, the special education expert and have made themselves experts on the systems that serve children. They are invested in a successful transition while also clearly seeing the obstacles and challenges. Parents move from leading a treatment plan to having a smaller role. They are no longer the decision maker; instead they become a coach or advisor. These changes can take place suddenly or over time.



This “shutting out” of the parent of a transition-age youth of legal age has become even more strict with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA was designed and enacted to protect the privacy and security of individually identifiable health information. The implementation of HIPAA and the concern of covered entities that they might violate the act has tightened the protections around disclosing personal health information.

Knowing what’s ahead, understanding the options and planning to get what you need can make an enormous difference. Continued access to health care, education and other services can be vital. Finding adult services that work for young adults can also make a difference. Connecting to advocacy organizations that work to increase options for young adults with behavioral health needs can help improve the options available in your community.

- More than 3 million young adults are diagnosed with serious mental health conditions in the US.
- Over 60% of young adults with a serious mental health condition are unable to complete high school.
- 19% of young adults age 20—24 were neither enrolled in school nor working in 2013.

Transition Planning: Turning 18

Your child becomes a legal adult on his/her 18th birthday. As parents know, not much changes on that date outside of the legal realm. Nonetheless, when your child turns 18, in the eyes of the law, they are able to make their own decisions; and you, the parent, are no longer entitled to receive personal information about your child.

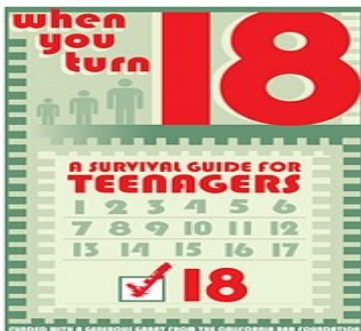
Planning for this legally critical moment is important, especially for the parents of youth with mental and behavioral health issues. Without transition planning, parents are faced suddenly with little to no access to their youth's physicians, psychiatrists, therapists, school, special education providers or records. The parent of an eighteen or older young adult is not even authorized to make an appointment for their child.

Prepare yourself first and then prepare your child for the legal aspects of turning 18. You can celebrate the "gateway to adulthood" while you help them understand that just because they CAN make their legal, health, financial and educational decisions without any advice or input does not mean they SHOULD.

It is very important to remember that any release or contract signed by your child has to be signed after they turn 18, as a consenting LEGAL adult. It might be a good idea to ready the needed releases and other documents and have the signing be a part of the 18th birthday celebration!!

Things to be aware of:

- Young adults will need to carry some form of ID, if they don't already. This can include a picture ID or driver's license, school ID.



- Men must register for the Selective Service System. Failure to register can lead to a fine up to \$250,000, 5 years in jail and the loss of student loans.
- In addition to voting, 18 year olds are eligible for jury duty and for paying their taxes on time.
- At age 18, income eligibility for services is based on your child's income not the family income.

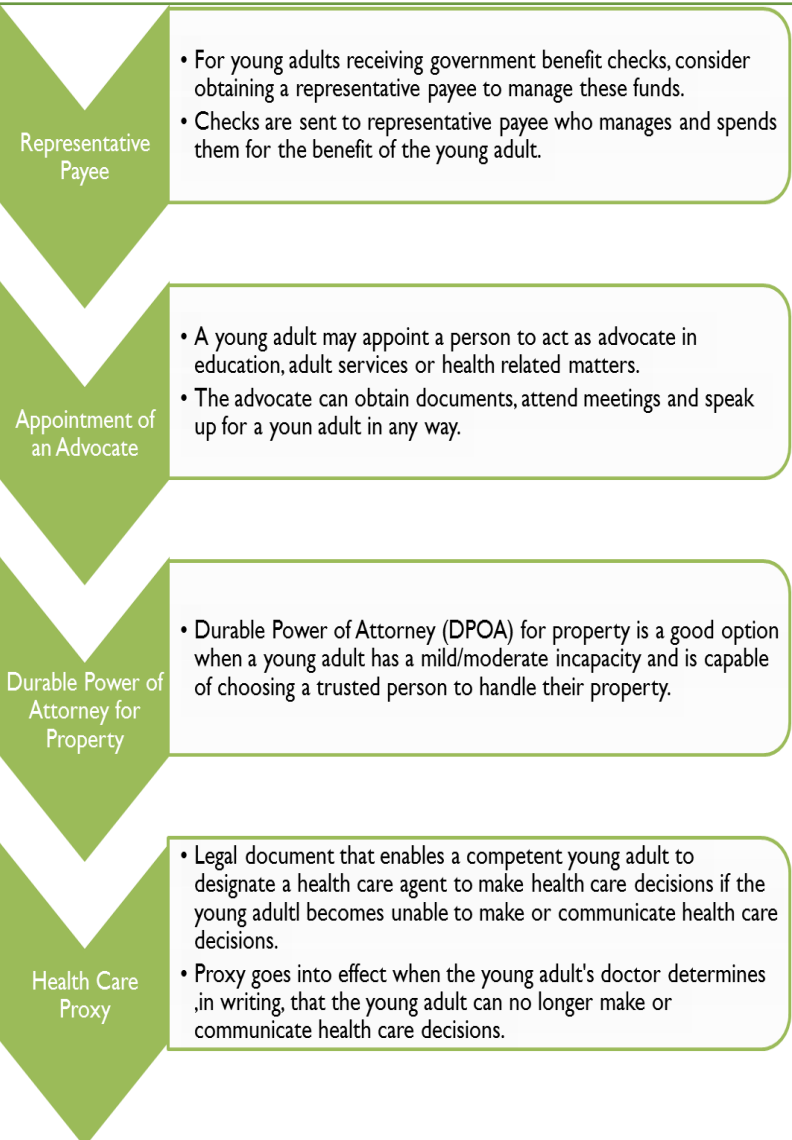
Decision Making Options

If you and your child have open communication and they trust you to assist with decision-making without taking over or overriding his/her reasonable wishes, the transition to legal adulthood may be quite smooth. If your child understands that you will use their medical, psychiatric, financial and educational information to guide them in making healthy decisions, he/she may be as eager as to give you access to that information as you are to have it. Often, however, behavioral and mental health issues and even the natural and very typical need of a youth to differentiate and break away from parental control can make this transition rockier. Thus, it is important to begin discussing the transition and decision-making options when your child is in a calm period and not when the 18th birthday is upon you or your child is in a time of crisis.

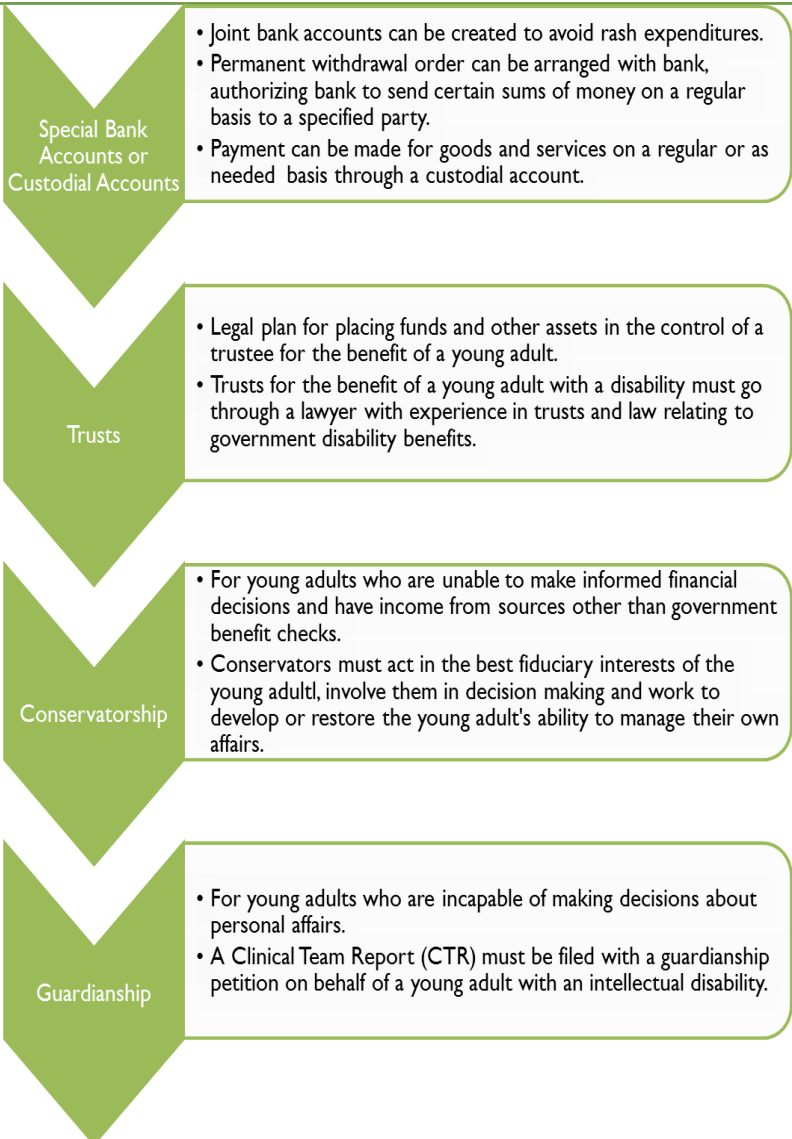
- 44% of students with emotional and mental health have a goal of attending a 2 or 4 year college.
- Transition age youth with significant mental health issues have higher rates of substance use than any other age group with mental illness.

1. Young Adults can choose to **share decision-making** responsibilities with a parent, or other willing adult.
 - This option allows a parent to co-sign the IEP.
2. Young Adults can choose to **delegate decision-making** responsibilities to a parent, or other willing adult.
 - This means that the Young Adult will give away their right to make decisions for special education to their parent(s) or other willing adult.
3. Parents may file a petition with a court for a **court-appointed guardianship**.
 - This option gives all decision-making rights to a parent or other adult called the "legal guardian".
4. Parents may file a petition with a court for a **conservatorship**.
 - Involves choosing a person, the "conservator", to make financial decisions for the Young Adult.
5. Other decision-making options are diagrammed below.

Options for Personal, Financial & Health Care Decision Making



Options for Personal, Financial & Health Care Decision Making



Transition Planning & Education

Students who receive special education services are entitled to transition planning. If your child has an **Individualized Education Plan (IEP)**, a team of staff members is responsible for helping them with their transition planning and implementing their plan. If your child is on a 504 Plan, they still have access to the services of a guidance counselor and other team members, but you and your child may be responsible for beginning the process to access their support.



Transition plans should be developed as part of a student's IEP. A transition planning meeting should be convened to:

- Determine the needs of the student,
- Target the services available to meet identified needs,
- Develop a formal transition plan,
- Monitor the progress of the student, and
- Provide information and training for parents about the transition process

Unlike IEPs, 504 Plans are not required to include transition planning services. This does not exclude students with 504 Plans from applying for services from adult service agencies. Families should continue to engage in transition planning, including establishing career goals, postsecondary and training, and independent living with their child.

When your child graduates from high school with a regular diploma or reaches the age of 22, his entitlement to rights under **Individuals with Disabilities Education Act (IDEA)** ends. IDEA rights do not follow the student into college or the workplace. As mentioned, IEPs end after high school, but so do the rights of parents under Section 504 and IDEA. Students need to advocate for themselves after public school. Students who know how to present information about their disability and seek the accommodations they need are more likely to make a successful transition to life after high school.

Transition Planning & Education (cont'd)

Special Education is an entitlement program that provides services to all qualified students. Parents are the advocates, spokespersons, and decision-makers for their children until their children turn 18 years old. Adult service agencies are eligibility programs. A set of specific requirements determines whether an individual qualifies for services. Young adults, like all adults, legally make decisions about their involvement with services.

Individual Transition Plan (ITP)

- This plan lays out what services each agency will be responsible for upon graduation or termination of special education.
- Parent(s)/guardian(s) are not responsible for creating the ITP, but they and the young adult should participate in the process.
- The ITP may include plans for vocational or day programs, as well as residential and support services.

The General Education Development (GED) Test

For a variety of reasons, a traditional high school education is not feasible for some youth. While dropping out of school and pursuing a GED may not be the ideal choice, it can be an appropriate choice for some students.



Chapter 688

Chapter 688 is a state law to address the needs of young adults with disabilities as they end their public school education. It provides a two-year planning process for young adults with significant disabilities who will lose their entitlement to special education at the age of 22 or at the time of graduation from high school. It creates a single point of entry into the adult human services system by developing an **Individual Transition Plan (ITP)** for every eligible person.

Eligibility:

- Must be receiving state funded special education services.
- Must need continuing habilitative services when the young adult turns 22 or graduates from special education.
- Be unable to work for more than 20 hours/week.

How Is A 688 Referral Made?

- Only the local school system (Local Education Authority “LEA”) can make a 688 referral.
- The referral must be made while the young adult is still in school and two years before the young adult graduates or turns 22, whichever comes first.
- The school system will contact the Executive Office of Health and Human Services (EOHHS) agency it believes will best provide the services that the young adult needs.
- Families should contact the Special Education Department at the school if they believe a 688 referral should be made.

The Executive Office of Health and Human Services:

EOHHS encompasses Mass Health and is the responsible secretariat for the coordination of all children’s services in Massachusetts.

EOHHS Agencies Serving Children Exclusively:

Department of Children and Families (DCF)

Department of Youth Services (DYS)

EOHHS Agencies Serving Children & Adults:

The Departments of Public Health (DPH),

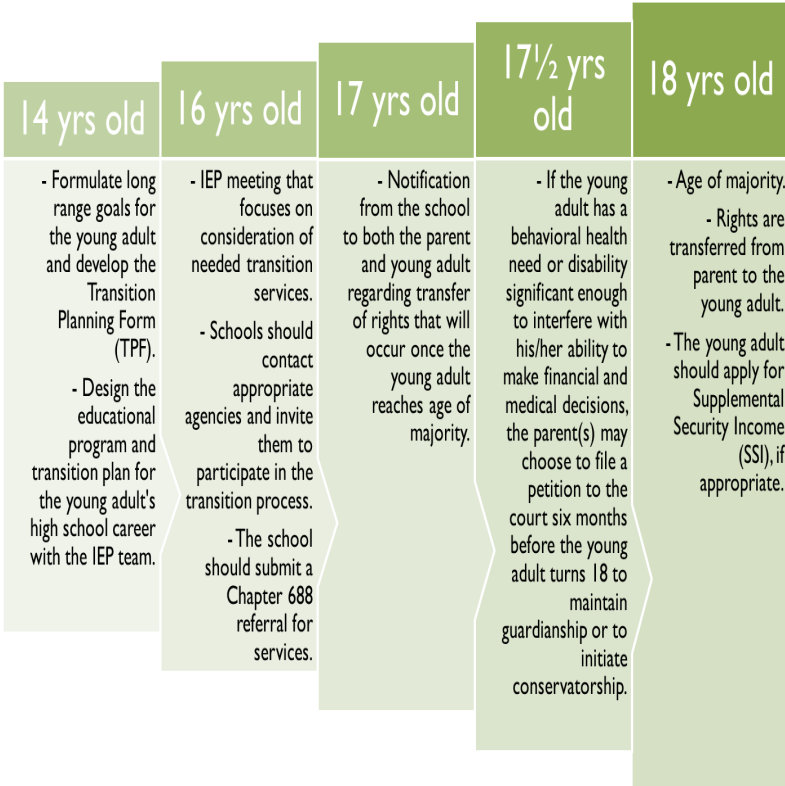
Department of Mental Health (DMH)

Department of Developmental Services (DDS)

Department of Transitional Assistance (DTA)

Commissions for the Blind, and Deaf and Hard-of-Hearing.

Transition Planning Timeline



***NOTE:** This timeline is based on a four-year high school career. There is no written rule that mandates that a student needs to graduate from high school in four years. In some cases it may be more beneficial for the student to stay in school longer. These cases may include:

- Situations in which IEP guidelines were not followed and thus the school is not in compliance with IDEA. In this case students should remain in school to receive the services available to them by federal law.
- Situations in which little or no transition planning occurred.

Health Care Options

Health Care Decisions

When your youth turns 18 you are no longer privy to their health care records. In fact, you are not permitted to make a medical, psychiatric or therapeutic appointment for your child nor are you able to confirm that s/he has made or kept appointments. In the blink of an eye, you go from being the primary contact with medical professionals to getting responses that suggest that your call is not welcome.

Preparing for this moment before it arrives will make the transition run more smoothly. Discussing your continued role in their health care includes talking to your young adult about the type of involvement s/he wants to you have as well as explaining the level of involvement you feel is appropriate and why. Many 18 year olds do not really want to be the one who makes the appointments and decisions. Some are often quite happy to hand the entire responsibility to you as parent. The discussion should include ways they can take charge of their own health and well-being. It should also include a discussion of the papers needing a signature.

Medicaid (MassHealth)

May be critical to a disabled young adult.

- Eligible at 18 even if living with parents and without parent's assets and income being deemed to them.



Life Insurance

- Lack of knowledge can result in unintended negative consequences like unnecessary estate taxes, inadequate funding, higher than necessary premiums and loss of death benefits.

Health Care Options (contd)

The Affordable Care Act (ACA)

The ACA was enacted in 2010 to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage, and reduce the costs of healthcare of individuals and the government.



The two provisions of the ACA which affect young adults are:

- *The ACA Extends Health Coverage Through Parents* by allowing young adults to stay on their parents' health care plan until age 26.
- *Expands Medicaid Coverage* to millions of low-income Americans.

The ACA also includes:

- *More Affordable Choices and Competition* by creating a state-based health insurance exchange so young adults have many options.
- *One-Stop Shopping* by providing standardized, easy-to-understand information on health insurance plans offered in a geographic region so young adults easily compare prices, benefits, and performance of health plans.
- *Insurance Security* by ensuring that young adults always have quality, affordable health insurance choices.
- *Ends Insurance Company Discrimination* by prohibiting insurance companies from denying young adults under 19 years old and all other individuals coverage based on pre-existing conditions. Also, it provides access to affordable insurance for uninsured young adults with pre-existing conditions.
- *Independent Appeals Process* by ensuring that young adults have access to a process to appeal decisions by their health insurance plan.

Health Care Proxy

Your youth and everyone else in your household should complete a Health Care Proxy form naming someone you trust as the person to make decisions regarding your medical care should you become incapacitated and unable to make those decisions for yourself. Each of you will need to choose an alternate proxy in case your first choice is unable to complete the task. The person you appoint has to agree to the appointment and you will need two witnesses to the signing of the document. Your youth can appoint you should they choose.



Once they forms have been completed and witnessed, make copies and give one to each of your youth's health care providers. Should your youth be hospitalized, you should give the hospital a copy for the file. The Health Care Proxy provides that it can be revoked at any time in writing or orally, as do most health care forms. If the proxy is revoked, a new proxy should be completed as soon as possible and all prior proxies should be destroyed.

Many confuse the Health Care Proxy with an Advance Directive that states the persons wishes regarding life support and other treatment. The Advance Directive tells your Health Care Proxy what you would want them to do. Without the Health Care Proxy, no one can follow your wishes in your Advance Directive. Without the Advance Directive, the Health Care Proxy makes decisions based on what they think you would want. It is best to have both, have copies of both and keep them in a safe place.

The Health Care Proxy is activated at the time the signor becomes unable to make decisions about their own medical treatment. A physician or other health care professional has to determine the incapacitation. Although the Health Care Proxy is extremely critical, it does not allow you to have a say in the treatment of your youth if they have not been determined to be incapable of making their own decisions.



HIPAA & Personal Release

HIPAA Release

Signing a HIPAA release allows the person or organization to which you give the release to have access to the **protected health information (PHI)** that the patient specifies. If your youth or young adult chooses to allow you to communicate with physicians, psychiatrists, therapists, hospitals, health centers or any other entity subject to HIPAA, they will have to sign a HIPAA release for that entity. The form allows the patient to choose the type or amount of information that is to be shared with the parent. It also allows the youth to limit the time when this information can be shared. If a certain date is listed as the expiration of the HIPAA release, mark your calendar and attempt to get a new release signed before an emergency occurs.

Personal Releases

In order to get information and inclusion in your youth's medical and psychiatric care, a HIPAA release is required. The form can allow full disclosure or limited disclosure. If your youth wants to limit the information, s/he can create a release to accompany the HIPAA release that is very specific about what information can be shared.

However, a very specific release allowing you to make appointments, discuss the findings of the appointment, etc. such as an Appointment of a Health Care Advocate could very clearly delineate the relationship your youth wants you to have with the health care professional. This **MUST** be accompanied with a HIPAA release.

Over time, you have probably heard your youth's therapist explaining that their sessions are confidential and that they will only disclose to parents if the youth is a danger to himself or others. After your youth turns 18, that information may go to law enforcement and not to you. A HIPAA compliant release and an Appointment of Health Care Advocate naming you as the person to whom that information would first be conveyed and the person with whom the therapist will consider next steps could prevent unnecessary drama and police involvement. The release does not keep the provider from seeking outside assistance in an emergency.

Before your youth turns 18, schedule an appointment with the therapist so that you and your youth can discuss the ongoing role s/he wants you to have with this provider. The therapist can explain what they can and cannot disclose and the type of release beyond the HIPAA release that their practice requires.

Finances & Financial Decisions

Trusts

If your child qualifies for and receives SSI, Medicaid or any other asset limited governmental assistance, they can have only very limited assets before they lose the benefit. (Note that SSDI does not have the same strict asset limitations.)

Several trust options have been developed to allow SSI recipients to have limited amounts allowed by the Social Security Administration. Parents and relatives want their family member to be able to live a comfortable life without violating the law or losing their benefits. To that end, these trusts have been designed to allow protected cash assets that will be used for personal needs beyond the basic needs covered by government benefits.



Third person Supplemental Needs Trusts are created for the benefit of the disabled person. This trust is established with money and assets contributed by another person such as a parent or other relative. All money and assets in the trust are used for the benefit of the disabled person during their lifetime. When the disabled person dies, the money in the trust passes to his or her heirs.

- OBRA'93 (d)(4)(A) trusts are funded with the disabled person's assets (such as their own money.) The trust is held for their benefit. Upon their death, anything remaining in the trust is used to reimburse the state for governmental assistance received during their lifetime.
- OBRA'93 (d)(4)(C) is a Pooled Trust also established for the benefit of the disabled person. With a pooled trust, the assets of multiple disabled people are grouped into a common trust. This increases the amount of money in the trust and allows the trust to offer more services and more financial oversight. All special needs trusts have allowable uses for the money in the trust and expenditures that are not allowed.

*Any trust, including pooled trusts, should be considered as part of an estate planning interview with an attorney who has experience with these special provisions.

Finances

Custodial/Joint Bank accounts

For many parents of youth, SSI and other governmental benefits may not be at issue. The youth may be quite capable of sustaining employment, but not able to manage their bank account or pay their bills dependably. In these cases, joint bank accounts allow the parent to assist in the financial decisions of the youth without taking complete control. The parent will be able to see the details of the accounts and step in with advice or action if needed. Opening a joint account is simple and any bank teller can assist with the process. When opening the account, you and your child can determine what services are best under the circumstances. For someone who has regular employment, automatic deposit saves time and money and limits the time that a check can be lost or stolen. A custodial account is similar to a joint account except that the parent or custodian has control over the account. The youth would need to have the custodian present to deposit or withdraw money from the account.

Representative Payee

Parents of children, youth and young adults with mental and behavioral health disabilities that impact the ability to manage finances worry about the time when the parent is no longer available to advise and oversee. It is never too early to plan for this moment.

If your child qualifies for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) and s/he is unable to manage money or pay bills or is at risk of being exploited, the youth can have a parent or other trusted person over 18 named as their Representative Payee (Rep Payee).

The Rep Payee has complete control over the recipient's SSI benefits. It is important, if you are the Rep Payee for a youth or young adult that you arrange for a trusted adult or a corporate Rep Payee to take over this responsibility when you are no longer able or willing to perform the tasks. Corporate payees are non-profit organizations that are available to be appointed and will manage a recipient's finances. A corporate payee is usually the best choice although they do charge a small fee each month.



Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a federal program that provides a monthly payment to qualifying individuals with disabilities and limited income and resources. Benefits are based on financial need and adjusted to the individual's income and living situation. SSI provides automatic eligibility for Medicaid (MassHealth). Many families wrestle with the decision of whether to have their child apply for SSI. While it provides a predictable income, they worry it might lead to dependence.

A youth may apply for SSI after they turn 18 and meet the eligibility requirements:

- An individual age 18 and older is considered disabled if he/she has a medically determinable physical or mental impairment which:
 - Results in the inability to do any substantial gainful activity
 - Has lasted or can be expected to last for a continuous period of not less than 12 months

The application process can be long and difficult. It is not unusual for young adults with mental health needs to be turned down on the first application. Plan to appeal any denial; many applicants are determined eligible on appeal.

If your child is determined eligible, monthly checks may be sent to your child or they may decide he or she requires a representative payee. Parents are often named the representative payee for their child.





The ABLE Act: “Achieving a Better Life Experience”

HR 647: On December 16, 2014, the Senate approved a House-passed bill allowing families to establish savings accounts for the qualified expenses of people with blindness or physical or mental disabilities who incurred the disabilities before the age of 26.

ABLE Accounts

Achieving A Better Life Experience (ABLE) Act is an act that allows parents of children and adults with special needs to have tax-free savings accounts similar to college savings accounts. This special account supplements, but does not replace, benefits provided by Medicaid, social security and private insurance. The assets in the account do not jeopardize eligibility for these government benefits. The accounts gain interest tax free so long as the money was used for allowed expenses.

Positives:

- People with disabilities will be able to deposit up to \$14,000 annually in a qualified savings account and accumulate up to \$100,000 without losing eligibility for Supplemental Security Income (SSI) and other government programs.
- The accounts can also allow for tax-free earned interest.
- Individuals can keep their Medicaid coverage no matter how much money is accrued in an ABLE account.
- Funds in ABLE accounts can be used to pay for health care, education, and other expenses, including housing.
- People with disabilities may be able to start opening ABLE accounts as soon as 2015.

Negatives:

- While the new law alters federal rules to allow for ABLE accounts, each state must now put regulations in place — much as they have done for other types of 529 plans — so that financial institutions can make the new offering available.
- *Only* people whose onset of disability occurred before age 26 will be eligible. This means that many non-elderly adults living with serious mental illness will NOT be eligible for these accounts.

Personal Decisions

Guardianship

Guardianship is a drastic measure and should only be considered when all other alternatives have been exhausted.

There are three types of guardianship:

- Guardianship of Person: Makes decisions about the person's medical care, residence, food, clothing, shelter, etc.
- Guardianship of Property: Makes decisions only about the person's money, income, property and other assets
- Guardianship of Both.



It is preferable to have limited guardianship, such as guardianship of property, so your child can retain some control over his/her decisions.

Guardianship Process

The steps you take to remain involved in the decision making and care of your child depends on the nature and severity of your child's mental health disability. If you believe that, at 18, your child is incapable of making decisions about his or her health care, living situation, finances or education, seeking a guardianship of your child may be the option to consider. It is the *most extreme* method of taking over the decision making and is reserved for those situations when removing many of an adult's legal rights is needed. Guardianship of an adult allows the guardian to make all decisions on behalf of the ward. By the same means, it takes away all legal rights of the ward to make decisions for him or herself.

The need for a guardian and the actual guardianship is determined by a judge and requires that the person seeking the guardianship file a Petition for Guardianship with the court. A **Clinical Team Review (CTR)** in the case of intellectual incapacity or a medical certificate in the case of mental health or physical incapacity must be filed with the petition. This information will be used by the Court to determine whether the person subject to the guardianship is incapacitated / disabled at the level required to support a guardianship.

Personal Decisions (cont'd)

Guardianship is the most restrictive way to gain a say in the decisions regarding your child. This route should be considered *ONLY* if your young adult is incapable of making meaningful decisions about their own life. It is *NOT* to be considered lightly and is not the answer if you simply do not agree with the decisions your child is making.

If you and the medical and/or psychiatric professionals have determined that guardianship is the appropriate legal relationship, you will need an attorney's advice in order to proceed correctly. You will note that there are many and varied forms. Determining which apply can be complicated and confusing. You will also need to know the requirements of a guardian such as annual reports to the court. Some Massachusetts Probate and Family Courts have Attorney for the Day Programs where volunteer attorneys give advice to people with questions and explain the process. Check with your local probate and family court to determine if and when they provide this resource.

Appointment of an Advocate

If your child is capable of making their own decisions, but needs guidance and support in that decision making, you can simply be the person in their life to whom they come for that support. If, however, you need something more formal, your child can appoint you as their advocate. They can also appoint someone else whom they trust and who has knowledge or expertise in the area. This is most commonly done in the educational setting but an advocate can be appointed for other areas such as health care or financial planning. Most of the release forms can have a place where your child appoints you as their advocate.





Glossary of Terms

A

Advocate: A person who publicly supports or recommends a particular cause or policy.

Americans with Disabilities Act (ADA): A law that gives general rights to people with disabilities and forbids discrimination on the basis of disability.

Attorney-In-Fact: Person named to act for another person under a power of attorney.

B

Beneficiary: A generic term for a person who receives property under a will or the person who receives the equitable title to trust property under a trust.

C

Chapter 688: An MA state law that provides a process for how a school will transfer services for a student with disabilities to an appropriate adult agency.

Charitable Trust: A trust created for a charitable beneficiary.

Clinical Team Report (CTR): A detailed report on functional ability of person, who is subject to guardianship and must be signed by physician, licensed social worker and licensed psychologist.

Conservatorship – A legal process where a court appoints someone, often a parent, to make financial decisions for a person with disabilities after he/she reaches the age of majority.

D

Discretionary Trust: A trust giving the trustee discretion with respect to payments to and on behalf of the trust beneficiary.

E

Entitlement: A service or program provided by the government to everyone who qualifies for that service or program, without any cap on the number of people who may receive services.

Executor: The person named under the will to act as the decedent's personal representative with respect to the administration and distribution of the decedent's estate.

F

Free and Appropriate Public Education (FAPE): General or special education, and related services, which are provided at public expense and which are tailored to each particular student's needs and abilities.

Fiduciary: A person having the legal duty to act for the benefit of another, such as an attorney, an executor or a trustee.

G

Guardian: A person appointed by the court to be responsible for making decisions on behalf of a person deemed by a court to be incapable of making decisions and properly caring for herself/himself.

Guardianship: A legal process where a parent can go to court and ask for the right to make decisions for their child after they reach the age of majority.

H

I


Individualized Education Program (IEP): The written plan that each qualifying special education student receives. It outlines the student's needs and goals, along with the services necessary to meet those needs and goals.

Individuals with Disabilities Education Act (IDEA): A law that controls how schools and other groups provide special education and other related services to students with disabilities.

JK

L

Least Restrictive Environment: An education environment which includes students with disabilities and students without disabilities wherever possible, according to the student's needs and abilities, including general education classrooms, extracurricular activities, and other school programs and facilities.



Legally Incompetent: When a person is not able to enter into a legal agreement, such as a contract, because he or she is unable to make important legal decisions.

MNO

P

Power Of Attorney: A document authorizing one person to act for another with respect to property.

QR

S

Shared Decision Making: A non-legal process where a student maintains his or her legal decision-making rights, but is informed, interpreted, or supported by a person he or she chooses.

Supplemental Needs Trust (aka Special Needs Trust): A trust where the trustee has the discretion to make distributions on behalf of the beneficiary. The only limitation on the trustee's discretion is a directive that distributions be supplemental to otherwise available government benefits. The trust is designed to provide resources while still maintaining the beneficiary's eligibility for state and federal assistance programs.

T

Transfer of Rights: The process by which a parent's right to make decisions for their child ends and a child who has reached the age of majority assumes responsibility for their own decisions. In Massachusetts, all rights transfer from parents to students when students turn 18, unless other provisions are made.

Trust Agreement: A document whereby property is conveyed by the owner of the property (the grantor) to the trust to be managed by the trustee for the benefit of others (the beneficiaries).

Trustee: The person who holds legal title to the trust property and who has the fiduciary duty to manage that property for the benefit of the trust beneficiary, according to the grantor's instructions and applicable trust law.

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Resources

For a list of the allowable assets for a person on SSI go to www.socialsecurity.gov/SSI/text-resources .

For a list of the pooled trusts in Massachusetts, go to www.specialneedsanswers.com/resources/directory_of_pooled_trusts .

For detailed information about becoming a Rep Payee, go to www.ssa.gov/payee).

For more information on guardianship, go to www.masslegalhelp.org/children-and-families/probate-and-family-court-forms.

For more information on ABLE accounts, go to www.friendshipcircle.org

For more information on the Health Care Proxy form and its purpose, go to www.molst-ma.org

For more information about the HIPAA and the release, go to <http://www.healthcare-information-guide.com/HIPAA.html> .

For more information on Chapter 688, go to www.doe.mass.edu/688.

For more information or questions regarding the Student Health Insurance Program contact: (617) 988-3100 or (800) 888-2250 or <http://www.state.ma.us/dhcfp/pages/dhcfp110.htm>

The Massachusetts Rehabilitation Commission's (MRC) Vocational Rehabilitation Program assists individuals with disabilities to obtain and maintain employment. Services that this program provides include:

- Interest and aptitude testing
- Diagnostic evaluations
- College or vocational training
- Supported work
- Job placement assistance
- Injured worker's program
- Counseling and guidance
- Skills training
- Job coaches and tutors
- Vehicle modifications
- Housing modifications
- Assistive and/or rehabilitation technology
- Programs for individuals turning 22
- Consultation to employers

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