



www.ktstrust.org

3011 AVENUE K
BROOKLYN, NY 11210

P 718.475.5000

F 718.475.5010

E members@ktstrust.org

Instructions for Filing a Pooled Trust With Medicaid

Medical Report for Determination of Disability LDSS-486T: To be completed and signed by the member's doctor.

Progress Notes: The doctor should also provide progress notes from the member's most recent visits, preferably within the last 60 days.

Disability Questionnaire LDSS-1151: To be completed and signed by the member.

Authorization to Release Medical Information MAP-751E: To be completed and signed by the member. ("Name of Source" is the doctor completing the LDSS-486T.)

Authorization for Release of Health Information HIPPA OCA-960: To be completed and signed by member. (Use sample HIPPA as a reference).

These forms should be submitted to Medicaid with the following documents after the trust has been approved and established.

- Approved Joinder Agreement
- Verification of deposit (VOD)
- Welcome letter