

CHECKLIST OF DOCUMENTS YOU WILL NEED FOR SPOUSAL MEDICAID: This checklist is geared toward the situation in which one spouse is in a nursing home and the other is at home or in assisted living.

PLEASE NOTE: In order for Medicaid to pay the per diem cost of care in a nursing home, the Medicaid applicant must be in a MEDICAID-CERTIFIED BED. Please check with the nursing home to ensure that this is the case.

If you are withdrawing funds from an annuity to do Medicaid planning, please check with Claire for specific instructions on the Medicaid mandates to be followed in taking any action on an annuity.

Your two key dates are: _____ & _____

1. **Birth certificate for both spouses and photo ID for both spouses.** If there is no birth certificate, then provide **two proofs** of date of birth, such as passport, baptismal record, insurance policies, driver's license or i.d. card, Social Security record which states date of birth, health care record (from doctor or nursing home or other health care provider). You also may request a birth certificate by telephone, mail, or online at <https://www.vitalchek.com/birth-certificates>.
2. **Record of marriage**, such as certificate or license. You also may request a marriage certificate by telephone, mail, or online at <https://www.vitalchek.com/marriage-certificates>.
3. **Copies of Social Security, Medicare, Medicare Advantage Plan, Medicare Part D (prescription drug plan), and health care insurance supplement cards for both spouses. Please copy both the front and back of your health care supplement and Part D cards.**
4. **Legal Documents:** Copy of power of attorney and copy of trust (if applicable) for the Medicaid applicant spouse. If there is a guardianship in place, we will need the "Letters of Guardianship."
5. **Proof of date of admission to the hospital and proof of date of admission into the nursing home.** (The nursing home can typically give you an admission face sheet with the "qualifying hospital stay.")
6. **Health Insurance:** Verification of the amount of monthly health care insurance premium paid for each spouse. The premium stub is an ideal proof. **If one premium is paid for both spouses, please ask the company to give you a specific breakdown of the premium that is attributable to the Medicaid applicant spouse.** If you do not have a premium stub, please request a letter from the company. A notation on a bank statement is NOT sufficient. **Please include premium information for Medicare Part D (prescription drug benefits), if applicable.**
7. **Proof of Social Security income** for both spouses. You will need the letter for the current year showing the nursing home resident's monthly benefit and Medicare Part B and Part D (if applicable) deduction(s). **A notation on the bank statement is not sufficient proof.** *You can get the proper form by setting up an online account by following the prompts under "Get your benefit verification letter online" section of the SSA website at www.ssa.gov.
8. **Proof of Veterans benefits:** the check or letter of notification (if within 12 months) or call 1-800-827-1000. **If you receive a non-service connected pension from the VA, please request a letter which gives a breakdown of what part of the pension is for aid and attendance or is awarded due to unreimbursed medical expenses. Medicaid is now requiring this information. This information may also appear on your initial award letter. You can also contact the VA at 1-877-294-6380 which is the National VA Pension Line. Please call at a time when you can afford to be on hold for a half hour or more.**

9. **Proof of Railroad Retirement benefits:** the check or letter of notification (if within 12 months) or call 1-877-772-5772.
10. **Proof of Pension Income, Retirement, or Union Benefits for both spouses:** the check stub or a statement from the company showing gross and net income. **A notation on a bank statement is not sufficient proof.**
11. **Income from rental of property** along with the expenses of ownership (real estate tax, real estate insurance, utilities, routine maintenance, interest on mortgage payments). We will need a copy of your tax return showing income received from farming or rental properties in the past year.
12. **Fair Market Rental Value:** Medicaid will request proof that your real estate is earning a fair market income. You should not have to pay for an appraisal. Instead, please request that a realtor (or perhaps a farm bureau, if the property is agricultural) give you a free fair market analysis of the income your property should be receiving.
13. **Earnings:** name of employer, pay stubs covering the last 3 months, verification of work expenses.
14. **Proof of any other income received.**
15. **Proof of any long term care (nursing home) insurance.** We will need information regarding the policy term (length of coverage) and how much the policy will pay. The policy information face sheet typically provides this information.
16. **Prepaid funeral arrangement and deed to burial plot for both spouses.** In order for the funeral to be exempt, the amount paid must be linked to a statement of funeral goods and services. In other words, if you pay \$8,000.00, you must have a statement from the funeral home that shows you have purchased \$8,000.00 worth of goods and services. For prepaid funerals, we need the following:
 - A copy of the Statement of Goods and Services
 - Proof of the irrevocable nature of the agreement
 - A statement within the funeral paperwork that indicates that if there are excess funds in the trust at the time of the individual's death, that the excess amount will be paid to the individual's estate or to Medicaid office (or State of Indiana or Division of Family Resources).
17. **Verification of both spouses' life insurance policies for the following dates:**
 _____ and _____ .
 - Written verification from the company of the cash surrender value of the policy.
 - Copy of the face sheet which shows the issue date of the policy and the face amount of the policy.
 - If you are cash surrendering the policy, please copy the cash surrender check and accompanying paperwork
 - If you are changing ownership on a policy, we will proof of the ownership change, including date of change and new owner name.
 - For policies that have only a death benefit, you will need a statement from the company indicating there is no cash surrender value for the policy.
18. **Bank statement(s) showing the balance in any and all accounts owned - checking, savings, Certificates of Deposit (C.D.s), Christmas Club, etc.) - for the following dates:**
 _____ and _____ .

- **If a date (the targeted date for Medicaid eligibility) has not yet occurred, then submit these verifications when they are available or as Claire has instructed you.**
 - **We also need proof of closing of any account and proof of disposition of the proceeds (e.g., deposited into checking account, etc.)**
 - **If you have written large checks or have large deposits in the material you provide to us, as requested above, please provide copies of those checks (if not included in the bank statement) and explanations of large deposits.**
 - **We need all numbered pages of any bank statement, even if those pages are blank or contain only reconciliation information.**
19. **Nursing home trust (personal needs) account covering from opening of the account through _____.** I recommend that you do *not* open a trust account if at all possible.
20. **Verification of ownership and value of any stocks or bonds (including U.S. Savings Bonds) for the following dates: _____ and _____.**
We also need proof of closing of any account and proof of disposition of the proceeds (e.g., deposited into checking account, etc.)
21. **The registration or title** as well as verification of the current market value of any non-motorized recreational vehicle, camper trailer, boat, etc. owned jointly or individually by applicant or spouse.
22. **The registration or title** to all vehicles owned by the Medicaid applicant or spouse. We can assist you in getting values so long as we know the make, model, and approximate number of miles on the vehicle. If the vehicle is older than 1992, you will need to obtain a written statement of value from a licensed auto dealer.
23. **Property deeds for all real estate, including the home, owned by either spouse or by both jointly.**
24. **A listing of the contents of any safety deposit box** rented by the resident.
25. **Copy of the last federal income tax return** filed on behalf of the Medicaid applicant.
26. **Shelter expenses:**
- Proof of your rent OR your monthly mortgage payment.
 - If you live in an assisted living facility, the facility will need to provide us with a breakdown of the payment (e.g., which portion is for room & board, which portion for meals, etc.) Medicaid will factor only the room & board payment into your “shelter allowance” calculation.
 - Copy of your real estate taxes for your home
 - Copy of the premium bill for your homeowners or renters insurance
 - Condo or neighborhood association fees (if applicable)
 - One recent heating bill and electric bill.
27. **List and proof of gifts made in the last five years.** (Copies of checks are ideal proof.)