RESOURCE ASSESSMENT NOTICE AND REQUEST

State Form 45919 (R2/10-08) / FI 2060

Persons who enter nursing homes on or after September 30, 1989, who have spouses still at home can receive an assessment of financial resources for Medicaid purposes. These assessments are performed by the Family and Social Services Administration (FSSA). The important purpose of the assessment is to determine a couple's total countable resources at the time of the nursing facility admission. From this information, a one-half "**spousal share"** for the spouse at home is established. If it becomes necessary that the institutionalized spouse apply for Medicaid, the "**spousal share" up to the current maximum will be the "community spouse resource standard**". This is the amount of resources the community spouse can keep without affecting the Medicaid eligibility of the spouse is the nursing facility.

A resource assessment may be requested by either member of the couple or their representative. **INDIVIDUALS WISHING TO HAVE AN ASSESSMENT SHOULD SUBMIT THEIR REQUEST IMMEDIATELY UPON ADMISSION TO THE NURSING FACILITY SO AS TO PROVIDE FOR THE EASIEST AVAILABILITY OF RESOURCE INFORMATION AND MOST ACCURATE DETERMINATION OF THE "SPOUSAL SHARE"**

If the spouse in the nursing facility is already on Medicaid or is applying for Medicaid immediately, it is not necessary to request a resource assessment. This will be completed as part of the Medicaid eligibility study.

In order to complete an assessment, the Family and Social Services Administration must have documentation of ***all*** resources of the couple as specified below. **IF ALL OF THE NECESSARY DOCUMENTATION IS NOT FURNISHED BY THE COUPLE OR THEIR REPRESENTATIVE, THE ASSESSMENT CANNOT BE COMPLETED.**

The Family and Social Services Administration will provide a copy of the completed assessment to the couple and their representative. Should there be a disagreement with the findings; an appeal can be filed upon application for Medicaid.

All of the following documentation (applicable to the couple's situation) must be provided in order for the resource assessment to be completed. ***Resource values must be documented as of the date of admission to the nursing facility.***

- ☐ Record of marriage
- ☐ Deed(s) to and current market value of any real property owned or being bought by either member of the couple on which the community spouse is not living.
- ☐ Verification of any liens against any of the above real property
- ☐ Bank statement(s) showing the current balance in any and all accounts owned jointly or by either of the spouses (checking, saving, C.D.'s Christmas Club, etc.)
- ☐ Verification of ownership and current value of any stocks or bonds owned jointly or by either of the spouses (includes U.S. Savings Bonds)
- ☐ All life insurance policies covering either spouse, with verification provided from the insurance company of the face value, policy owner, beneficiary, and current cash surrender value.
- ☐ Documents pertaining to any trust of which either spouse is the beneficiary or for which either is the trustee
- ☐ Any burial trust(s) or burial payment program(s) owned jointly or individually by either spouse.
- ☐ The title or other verification of ownership for any motor vehicle(s) owned jointly or individually by either spouse.
- ☐ Verification of the current marker value of any non-motorized recreational vehicle, camper, trailer, boat, etc. owned jointly or individually by either spouse.
- ☐ A listing of the contents of any safety deposit box rented by either spouse. (Further documentation may be required depending on contents).
- ☐ A signed statement of the amount of cash both spouses currently have on hand.
- ☐ Description and verification of the current value of any other cash resource not listed

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REQUEST FOR RESOURCE ASSESSMENT

INSTRUCTIONS: Complete and sign. Then detach at line and mail to the Family and Social Services Administration, P.O. Box 1810, Marion, IN 46952; or fax to (800) 403-0864.

Name of Spouse in facility	***Name of Spouse at home***
Name of Facility	***Date of Admission (month, day, year)***
Address of Facility (number, street)	
City, State, ZIP code	

I request an assessment of the resources of the couple named above. I understand that complete documentation of both spouse's resources must be provided by me in order for the Family and Social Services Administration to compete this assessment.

Signature of representative	***Relationship to spouse in facility***
Address (number, street)	
City, State, ZIP code	
Telephone Number ***( )***	***Date (month, day, year)***