

CHECKLIST OF DOCUMENTS NEEDED FOR SPOUSAL MEDICAID

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.

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 the date of birth, health care record (from doctor or nursing home or other health care provider).
2. **Record of marriage**, such as a certificate or license.
3. **Copies of Social Security, Medicare, Railroad Retirement, Veterans and/or health care insurance supplement cards**, whichever is applicable, for the Medicaid applicant spouse. **Please copy both the front and back of the health care insurance card only. IT IS CRITICAL THAT WE HAVE A COPY OF THE MEDICARE CARD.** We also need a copy of the Social Security or Medicare card for the non-applicant spouse.
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 the admission face sheet with the "qualifying hospital stay.") Let us know if you need our assistance in obtaining this information.
6. **Health Insurance:** Verification of the amount of monthly health care insurance premium paid for the Medicaid applicant's coverage. 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.
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 Security Administration through its website at <https://secure.ssa.gov/apps6z/BEVE/main.html> COMPLETE THE FOLLOWING STEPS: (Start, I agree, Social Security Number, First and Last Name, Date of Birth of the individual for whom the request is being made, Yes or No, Continue, All benefit Information Available, Continue) In order to receive this verification, the address on file at Social Security must be current.
8. **Proof of Veterans benefits:** the check or letter of notification (if within 12 months) or call 1-800-824-1000.
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.
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 may 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.** If there are prepaid funerals or if you choose to do them in this planning process, we will need a copy of the Statement of Goods and Services, proof of the irrevocable nature of the agreement, and a statement 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 individual's estate or to Medicaid office (or State of Indiana or Division of Family Resources).
17. **Verification of both spouses' life insurance policies.** You will need a written verification from the company for the cash surrender value of the policy on the two dates referred to above. **Also, please copy for each policy the face sheet with shows the issue date of policy and the face amount of the policy.** If you are cash surrendering the policy or changing the ownership of a policy, we will also need verification. For policies that have only a death benefit, you will need a statement from the company indicating that there is no cash surrender value of the policy.
18. **Bank statement(s)** showing the balance in any and all accounts owned (checking, savings C.D.s, Christmas Club, etc.) **for the two dates listed above.** If the second date for Medicaid eligibility has not yet occurred, then submit these verifications when they are available or as we instruct you.
19. **Nursing home trust account** covering the following dates: _____ (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 two dates listed on page one.
21. **Property deeds** for all real estate, including the home, owned by either spouse or by both jointly.
22. **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.
23. **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.
24. **A listing of all 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. **For the non-applicant spouse:** Proof of the costs of your assisted living facility OR your rent OR your monthly mortgage payment. We also need a copy of your real estate taxes of your home, your homeowners or renters insurance, condo fees (if applicable), and one recent heating bill and electric bill.
27. **List and proof of gifts** made in the last three or five years. (We will instruct you on which applies.) Copies of checks are ideal proof.
28. Remember to have accurate balances of all open accounts at your next appointment.