

**CHECKLIST OF DOCUMENTS YOU WILL NEED
FOR _____'S MEDICAID CASE**

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 targeted date of eligibility is _____

1. **Birth certificate and photo ID card (such as driver's license).** If there is no birth certificate, then provide **one other proof** of date of birth, such as passport, baptismal record, insurance policies, Social Security record which states date of birth, health care record (from doctor 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. **Copy of death certificate or divorce decree or any other credible evidence of the event.**
3. **Copies of Social Security, Medicare, health care insurance supplement, Medicare Advantage Plan, and Medicare Part D (prescription drug plan) cards.** Please copy both the front and back of your health care supplement and Part D cards. If there is a Medicare advantage plan, Medicaid requires you to have a statement from the company showing which part of the premium is attributable to Part C and which is attributable to Part D. Replacement Social Security cards can be obtained at the mysocialsecurity portal at socialsecurity.gov/myaccount
4. **Health Insurance:** Verification of the amount of monthly health care insurance premium. The premium stub is an ideal proof. 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.** In addition, Medicaid is now requiring that you submit your original signed contract with the insurance company. This applies to dental insurance, advantage plans, health care supplement policies, and Part D prescription drug plans. If you do not have this information, please contact Rebecca Geyer for alternative options.
5. **Legal Documents:** Copy of power of attorney and copy of trust (if applicable). If there is a guardianship in place, we will need the "Letters of Guardianship." If the power of attorney requires a letter of incapacity, please get this statement from your doctor.
6. **Proof of date of admission to the nursing home.** (The nursing home can typically give you an admission face sheet.)
7. **Proof of Current Social Security income.** You will need the "Your New Monthly Benefits Amount" letter for the current year showing the gross monthly benefit, deduction for the Medicare Part B premium, and the net deposit. **A notation on the bank statement is not sufficient proof.** *You can also 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 1-800-827-1 000. 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. 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:** 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 fanning 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 or one pay stub with year-to-date totals.
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, if applicable. The policy information face sheet typically provides this information. If the Medicaid applicant is already receiving payments for services, we will need copies of the last three check stubs and proof that the medical service provider (e.g., nursing home or home care agency) is receiving the payments.
16. **Prepaid funeral arrangement and deed to burial plot.** 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. If the funeral plan is being purchased within the month before our targeted date for Medicaid, the funeral paperwork should also contain a statement similar to the following: "IRREVOCABILITY: Indiana law requires that pre-need funeral agreements be made irrevocable after 30 days. By initialing here (_____) the pre-need funeral agreement will be made irrevocable immediately."
 - 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). **This statement must be provided in the funeral paperwork- no exceptions!**
17. **Verification of life insurance policies:**
- 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.
 - Copy of the application page or any page from the insurance policy that shows the named beneficiary of the policy.
 - When you cash surrender the policy, please copy the cash surrender check and accompanying paperwork
 - When you change 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 statements** showing the balance in any and all accounts owned (checking, savings, C.D.s, Christmas Club, etc.) from _____.
- 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. **Verification of ownership and value of any stocks or bonds (including U.S. Savings Bonds) from _____.** We also need proof of closing of any account and proof of disposition of the proceeds (e.g., deposited into checking account, etc.)
20. **Nursing home trust (personal needs or RFMS-Resident Funds Management Services) account** covering from opening through _____. I recommend that you do *not* open a trust account if at all possible. These accounts are countable assets for purposes of Medicaid eligibility.

21. **Special Requirements for annuities, depending on date of purchase and activity on annuities:**
 - a.) For any annuity purchased prior to November 1, 2009, Medicaid is requiring either a statement from the company that says there has been no activity on the annuity such as change of ownership, withdrawals, or deposits since on or after November 1, 2009 OR you will need to produce all statements of activity on the annuity from November 1, 2009 through the time of withdrawal of the annuity proceeds or the filing date of the Medicaid application, whichever is applicable.
 - b.) If there *has* been activity on the annuity such as change of ownership, withdrawals, or deposits since on or after November 1, 2009, you will need to change the beneficiary to the state of Indiana. Please contact our office if this is the case.
 - c.) If the annuity was purchased on or after November 1, 2009, you will need to change the beneficiary to the state of Indiana. Please contact our office if this is the case.

22. **Property deeds for all real estate, including the home.** Please also provide the real estate tax notice which shows the assessed value of the real estate.

23. **The registration or title** as well as verification of the current market value of any non-motorized recreational vehicle, camper trailer, boat, etc. owned by applicant.

24. **The registration or title** to all vehicles owned by the Medicaid applicant. We can assist you in getting values so long as we know the make, model, and approximate number of miles on the vehicle. However, if the vehicle is older than 1992, you will need a written statement by a licensed dealer of the value.

25. **A listing of the contents of any safety deposit box** rented by the Medicaid applicant.

26. **Copy of the last federal income tax return** filed on behalf of the Medicaid applicant.

27. **Proof of gifts made in the last five years.** (Copies of checks are ideal proof.)

SPECIAL INSTRUCTIONS:
