

# Bulletin

September 12, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

**OF INTEREST TO**

- County Directors
- Financial Assistance Supervisors
- Financial Workers
- Social Services Supervisors and Staff
- Mille Lacs Tribal TANF
- MinnesotaCare Managers, Supervisors and Enrollment Reps
- County Attorneys

**ACTION/DUE DATE**

Apply to applications and renewals filed on or after 7/1/2006.

**EXPIRATION DATE**

January 15, 2007  
After this date refer to the Health Care Eligibility Programs Manual for instructions.

## Medical Assistance (MA) Policy Changes for Uncompensated Transfers

**TOPIC**

MA policy changes for uncompensated transfers by individuals requesting MA payment of long-term care (LTC) services.

**PURPOSE**

Provide policy information and instruction for implementing changes when individuals who have made uncompensated transfers of assets and are requesting MA payment of LTC services.

**CONTACT**

MinnesotaCare Operations, Counties and Tribal Agencies, submit policy questions to HealthQuest.

Direct all other questions to:

Health Care Eligibility and Access (HCEA)  
PO Box 64989  
540 Cedar Street  
St. Paul, MN 55164-0989

**SIGNED**

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BRIAN J. OSBERG  
Assistant Commissioner  
Health Care Administration

## **I. Background**

On February 8, 2006, the Federal Deficit Reduction Act (DRA) of 2005 (Public Law 109-171) was signed into law. The DRA include several provisions related to MA policy on uncompensated transfers by persons who request MA payment of LTC services. The 2006 Minnesota Legislature passed legislation bringing State law into compliance with the federal law.

This is one in a series of bulletins to be issued relating to the implementation of provisions affecting MA eligibility.

## **II. Introduction**

The DRA adds new criteria for the evaluation of uncompensated transfers made on or after February 8, 2006. Criteria for the evaluation of uncompensated transfers made prior to February 8, 2006, remain unchanged.

This bulletin:

- Provides information and implementation instructions for the DRA policies related to uncompensated transfers; and
- Discusses the elimination of the disregard for combined transfers not exceeding \$200 in a month.
- Reviews the policy that presumes an uncompensated transfer is made to obtain or maintain eligibility for MA.
- Provides instructions for the use of the revised Request for Payment of Long-Term Care Services, (DHS-3543).

## **III. Definitions**

Review all the terms in this section for clarification of their use in this bulletin and as they pertain to the DRA policy.

### **1. Fractional transfer**

An uncompensated transfer in an amount less than the Statewide Average Payment for Skilled Nursing Facility (SAPSNF) amount used to calculate a penalty period.

### **2. Long-term care (LTC) services**

LTC services include skilled nursing facility (SNF) care, nursing facility care in an inpatient hospital, intermediate care facility care (ICF, ICF/MR), and services covered by the following home and community based waiver programs:

- Community Alternative for Disabled Individuals (CADI)
- Community Alternative Care (CAC)

- Home and Community Based Waiver Services for Persons with Mental Retardation or Related Conditions (MR/RC & ACS)
- Traumatic Brain Injury (TBI)
- Elderly Waiver (EW).

**3. Look-back period**

A specified period of time prior to the month in which a person requests MA payment for LTC services that the person must disclose transfers of assets or income.

**4. Penalty period**

A number of months during which MA will not pay for LTC services. The penalty period is calculated by dividing the value of an uncompensated transfer by the SAPSNF in effect in the month a person requests MA payment of LTC services. The penalty period may include a partial month.

**5. Request for MA payment of LTC services**

An application (HCAPP, CAF, or DHS-3531) filed by a person who is receiving LTC services, or a Request for Payment of Long-Term Care Services, (DHS-3543) filed by an MHCP enrollee who has moved into a LTC facility or is seeking coverage of home and community-based services through a waiver.

Note: Although DHS-3531 (MHCP Program Application for People who Have a Disability and for Seniors Age 65 and Older) is obsolete it must be accepted if submitted.

**6. Retroactive month**

Any of the three months immediately prior to the month in which a person files an application for MA payment of LTC services.

**7. Statewide Average Payment for a Skilled Nursing Facility (SAPSNF)**

The monthly statewide average payment for skilled nursing facility care. The SAPSNF in effect on the date a person requests MA payment of LTC services is used to calculate a penalty period for an uncompensated transfer.

**8. Uncompensated transfer**

An “uncompensated transfer” occurs when a person or the person’s spouse, or other authorized party legally acting on behalf of a person or the person’s spouse disposes of assets or income for less than fair market value. This may include giving away income or assets, selling property (real or personal) for less than fair market value, purchasing property (real or personal) or services for more than fair market value, or refusing the right to assets such as an inheritance.

**9. Otherwise eligible**

An individual who:

- meets all MA eligibility requirements;
- meets all requirements to receive MA payment of LTC services; and
- resides in a LTC facility or is seeking or receiving coverage of services provided under a home and community-based waiver program.

**IV. Action Required**

**A. MA policy changes on uncompensated transfers**

**1. Look-back period for uncompensated transfers made prior to February 8, 2006**

The look-back period for uncompensated transfers made prior to February 8, 2006, has not changed.

- a. Transfers to certain trusts continue to be 60 months prior to the month a person requests MA payment of LTC services (See HCPM 0909.27.07);
- b. All other transfers continue to be 36 months prior to the month a person requests MA payment of LTC services

**2. Look-back period for uncompensated transfers made on or after February 8, 2006**

The DRA expands the look-back period to 60 months for all transfers made on or after February 8, 2006. This expansion will be phased in over a 24 month period starting in February 2009.

- a. The look-back period remains 36 months (60 months for trusts) through January 2009.
- b. Increase the look-back by one-month increments starting in February 2009 through January 2011.

Effective February 1, 2011, the full 60-month look-back period will be in place for all transfers of assets. Refer to the chart on the next page.

Date of request for MA Payment of LTC Services	Look-back Period is: (# of months)
February 2009	37
March 2009	38
April 2009	39
May 2009	40
June 2009	41
July 2009	42
August 2009	43
September 2009	44
October 2009	45
November 2009	46
December 2009	47
January 2010	48
February 2010	49
March 2010	50
April 2010	51
May 2010	52
June 2010	53
July 2010	54
August 2010	55
September 2010	56
October 2010	57
November 2010	58
December 2010	59
January 2011	60

### 3. Penalty periods

- a. The penalty period start date continues to be the month following the month in which a person makes an uncompensated transfer for:
  - Uncompensated transfers made prior to February 8, 2006; and
  - Uncompensated transfers made on or after February 8, 2006 by a person who files a request for MA payment of LTC services prior to July 1, 2006.
- b. Change in penalty period start date for new LTC payment requests  
The penalty period starts the first month (including retroactive month(s)) in which payment was requested and the person is otherwise eligible for MA payment of LTC services for:
  - Uncompensated transfers made on or after February 8, 2006 by a person who files an initial request for MA payment of LTC services on or after July 1, 2006
- c. Uncompensated transfers made while MA is paying for LTC services  
DHS has not yet received clarification from the Centers for Medicare and Medicaid Services (CMS) regarding application of this policy to persons who make an uncompensated transfer *while* MA is paying for LTC services.
  - Continue to use the penalty period start date of the month following the month in which a person makes an uncompensated transfer for these people, regardless of the date of the transfer.

#### **Example 1**

John moved to a nursing home on May 10, 2006. He filed an application for MA payment of LTC services on July 15, 2006, requesting coverage to begin on August 1, 2006 because he has excess assets. He meets all MA eligibility criteria effective August 1, 2006. On March 5, 2006 he transferred \$10,000 from the sale of his homestead to his son. Calculate a penalty period as follows:  $\$10,000 \div 4,438$  (SAPSNF in effect on the date of request for MA payment of LTC services) = 2.25 months penalty period. John is ineligible for MA payment of LTC services for the months of August 2006 and September 2006 plus the first \$1,109 ( $\$4,438 \times .25$ ) of services in October 2006. John is eligible for MA payment of all non-LTC covered services effective August 1, 2006.

**Example 2**

John moved to a nursing home in October 2006. He files an application for MA on December 15, 2006 and requests eligibility to begin September 1, 2006 including payment of LTC services beginning in October. He meets all MA eligibility criteria in September, October, November, and December. On March 5, 2006 he transferred \$10,000 from the sale of his homestead to his son. Calculate the penalty period as follows:  $\$10,000 \div 4,438$  (SAPSNF in effect on the date of the date of request for MA payment of LTC services) = 2.25 months for the penalty period. John is ineligible for MA payment of LTC services for the months of October 2006 and November 2006 plus the first \$1,109 ( $\$4,438 \times .25$ ) of services in December 2006. John is eligible for MA payment of all non-LTC covered services beginning September 1, 2006.

**Example 3**

John is a MA enrollee since May 1, 2003 and resided in the community until he moved into a nursing home on August 5, 2006. On August 12, 2006 he reports he moved into the nursing home and files a Request for Payment of Long-Term Care Services, (DHS-3543). John reports that he received a \$10,000 inheritance on March 25, 2006 and gave the money to his son. Calculate the penalty period:  $\$10,000 \div 4,438$  (SAPSNF in effect on the date of request for MA payment of LTC services) = 2.25 months penalty period. John is ineligible for MA payment of LTC services for the months of August 2006 and September 2006 plus the first \$1,109 ( $\$4,438 \times .25$ ) of services in October 2006. John remains eligible for MA payment of all non-LTC covered services.

d. Exception to the start date of a penalty period

The start date of a penalty period for an uncompensated transfer made on or after February 8, 2006 cannot begin during an existing penalty period.

- Add the penalty periods together when an existing penalty period is in effect on the calculated start date of another penalty period. The start date of the combined penalty periods begins in the first month of the first penalty period.

**Example 4**

John has been screened for EW services and is seeking MA payment for those services. He applies for MA on July 15, 2006. He meets all MA eligibility requirements. He reports that he made an uncompensated transfer of \$30,000 on January 25, 2006 and another \$10,000 transfer on March 28, 2006. Calculate two penalty periods. The January 2006 transfer results in a penalty period of 6.75 months ( $\$30,000 \div 4,438$  [SAPSNF in effect on the date of request for MA payment of LTC services] = 6.75 months) beginning in February 2006 and ending with a partial month in August 2006. The second transfer in March 2006 results in a penalty period of 2.25 months ( $\$10,000 \div 4,438$  [SAPSNF in effect on the date of request for MA payment of LTC services] = 2.25 months) beginning in August 2006 (the first month in which John would be otherwise eligible to receive MA payment of LTC services were it not for the penalty period). Because the two penalty periods overlap, add the penalty

periods together for a total penalty period of 9 months (6.75 +2.25). John is ineligible for MA payment of LTC services for the months of February 2006 through October 2006. John is eligible effective 7/1/2006 for MA payment of all other non-LTC covered services.

e. Penalty periods are not interrupted or suspended.

Once a penalty period is imposed it is not interrupted or suspended. Instead, the penalty period continues to run through the calculated end date even if the individual is subsequently terminated from MA or stops receiving MA payment for LTC services.

#### **4. Multiple fractional transfers**

Add together all fractional uncompensated transfers (uncompensated transfers in an amount less than the SAPSNF) made by a person or the person's spouse on or after February 8, 2006 for purposes of calculating a single penalty period.

##### **Example 5**

John applies for MA on August 12, 2006. He is requesting payment for LTC services covered by the EW program. John meets all MA eligibility requirements. John reports he transferred \$1,000 to his daughter on the 15<sup>th</sup> of each month starting in February 2006 through July 2006. Calculate the penalty period:  $\$1,000 \times 6 = 6,000 \div 4,438$  (SAPSNF in effect on the date of request for MA payment of LTC services) = 1.35 months penalty period. John's MA eligibility is approved on September 16, 2006. John is ineligible to receive MA payment of EW services for the month of October 2006 plus the first \$1,553 ( $\$4,438 \times .35$ ) of services in November 2006. John is eligible for MA payment of all other non-LTC covered services effective August 1, 2006.

#### **5. LTC facility request for an undue hardship waiver of the penalty period**

Applicants and enrollees or their authorized representatives may request a waiver of the penalty period for an uncompensated transfer if denial of MA payment for LTC services would cause an undue hardship for the person based on imminent threat to the person's health and well-being.

DRA and state law now provide authority for a LTC facility, with the consent of a resident or the resident's authorized representative, to represent a resident in a request for a waiver of the penalty period based on undue hardship.

- a. A LTC facility requesting a hardship waiver on behalf of a resident must submit the following to the county agency:
  - Written documentation of the applicant/enrollee or their authorized representative's consent to request a hardship waiver;
  - General Authorization for Release of Information (DHS-2243); and



- Written statement requesting the hardship waiver including the basis for the request.
- b. There is no change to the criteria which must be met to grant a waiver of the penalty period or to the requirement that the county attorney file a cause of action against a person who receives transferred assets when an undue hardship waiver is granted.

**6. Purchase of certain promissory notes, loans, and mortgages on or after July 1, 2006**

DRA and state law establish specific criteria to be evaluated to determine if the purchase of a promissory note, loan, or mortgage by a person or the person's spouse during the look-back period is treated as an uncompensated transfer.

- a. Treat the purchase of a promissory note, loan, or mortgage on or after July 1, 2006 as an uncompensated transfer *unless* the promissory note, loan, or mortgage:
  - Has a repayment term that is actuarially sound;
  - Provides for payments to be made in equal amounts during the term of the loan;
  - Has no deferral and no balloon payments; *and*
  - Prohibits the cancellation of the balance upon the death of the lender.
- b. Determine actuarial soundness by comparing the term of the loan (period of time during which payments will continue) to the life expectancy of the person who purchased the promissory note, loan, or mortgage. Refer to the Life Expectancy Table in the HCPM 0909.23.03 to determine the purchaser's life expectancy.

**Example 6**

John's son, Sam, and daughter in-law, Sue, purchased their house on a contract-for-deed from Sam's Uncle Joe for \$150,000 on July 1, 2006 payable at \$550 per month without interest until the full principal amount is satisfied. Uncle Joe sold his interest in the contract-for-deed to Sam's father, John, age 75, on July 15, 2006 for \$100,000. The contract did not include any balloon payments or provisions for cancellation. On August 10, 2006 John became ill and moved into a nursing home. John applied for MA payment of LTC services on August 15, 2006. Evaluate John's purchase of the contract-for-deed as follows: Even though the contract provides for payments to be made in equal amounts during the term of the loan, has no deferral or balloon payment provisions, and prohibits the cancellation of the balance upon John's death, the contract is not actuarially sound. John's life expectancy is 9.58 years. At \$550/month it will take 15.15 ( $\$100,000 \div 550 \div 12 = 15.15$ ) years for John to receive a full return of his investment. Based on his life expectancy, John will receive \$63,228 from the contract-for-deed ( $\$550 \times 12 \times 9.58 = \$63,228$ ). The value of the uncompensated

transfer is calculated by subtracting the amount John is expected to receive during his lifetime from the purchase price of the contract ( $\$100,000 - 63,228 = \$36,772$ ).

**7. Purchase of a life estate interest in another person's home on or after July 1, 2006**

DRA and state law establish specific criteria to determine if the purchase of a life estate interest (the right to live in a property for the rest of his or her life) in another person's (the property owner) home by a person or the person's spouse during the look-back period is treated as an uncompensated transfer.

- a. Treat the purchase of a life estate interest in another person's home on or after July 1, 2006, as an uncompensated transfer if the person does not reside in the home for at least 12 consecutive months following the purchase regardless of whether fair market value was paid.
  - The uncompensated value of the transfer is the entire amount used to purchase the life estate interest.
  - The amount used to purchase the life estate is not reduced or prorated to reflect an individual's residency for a period of time less than 12 months.

**Example 7**

John purchases a life estate interest in his son's home on July 5, 2006 for \$100,000. He moves into his son's home on July 6, 2006. On August 15, 2006 John enters a nursing home and applies for MA payment of LTC services. The financial worker treats the purchase of the life estate interest as an uncompensated transfer for \$100,000 because John did not reside in the home for 12 months following the date of purchase.

- b. Continue to evaluate the purchase price of a life estate interest as a purchase for fair market value based on the life expectancy of the purchaser.

**C. Elimination of the disregard for combined transfers not exceeding \$200 in month**

The DRA requires that all transfers made by a person or the person's spouse during the look-back period or while receiving MA for LTC services be evaluated. Effective July 1, 2006, there is no longer a disregard for transfers of assets for less than fair market value for amounts of \$200 or less in total value made in a month.

This affects new requests for payment of LTC services, *as well as* enrollees who are already receiving payment of LTC services.

1. Evaluate all transfers of assets made during the look-back period or while receiving MA for LTC services. This includes transfers of any amount made by the person for whom payment is requested or is being made, or by their spouse.
2. Give persons who state that a transfer was made exclusively for another purpose other than to obtain or retain MA eligibility an opportunity to provide convincing evidence.

**D. Presumption that an uncompensated transfer is made to obtain or maintain eligibility for MA**

State law provides that any transfer made by an individual or individual's spouse is presumed to have been made for the purpose of establishing or maintaining MA eligibility unless the person furnishes convincing evidence to establish that the transaction was exclusively for another purpose.

1. Give applicants and enrollees an opportunity to provide convincing evidence if they state that they made an uncompensated transfer exclusively for a reason other than to obtain or maintain MA eligibility.
2. Convincing evidence may include but is not limited to:
  - Documentation that the person had no reason to anticipate the need for LTC services at the time of the transfer;
  - Physician's statements, medical records, or other documentation that a person could not reasonably anticipate the need for LTC services at the time the transfer was made;
  - Other documentation of the circumstances related to the transfer.
3. Evaluate the evidence provided by the individual on a case by case basis.

**Example 7**

John, age 44, is employed and is in good health. He suffers a sudden stroke resulting in the need for long term care services and subsequently applies for MA payment of LTC services. Three months before he became ill, John gave his adult daughter and son-in-law \$20,000 towards a down payment on a home as a wedding gift. John provides documentation from his physician stating John had undergone annual physicals and there were no indications that he could anticipate he would suffer a stroke. He also provides evidence of the date of the wedding and date the \$20,000 was used as a down payment on a home showing both occurred prior to the date of his stroke. Based on the evidence, the financial worker determines that John could not have reasonably anticipated the need for LTC services and that the \$20,000 transfer was made exclusively for a purpose other than to obtain MA eligibility.

**E. Information for Long-Term Care form (DHS-3543)**

The *Information for Long-Term Care* form (DHS-3543, 12-05) has been revised to change the form name and to add additional questions related to the new DRA provisions affecting MA payment for LTC services. The form is now called "*Request for Payment of Long-Term Care Services*" (DHS-3543, 08-06) (See Attachment A).

1. It is now a mandatory requirement to send the Request for Payment of Long-Term Care Services, (DHS-3543 8-06) to a MHCP enrollee when you receive information that the enrollee:
  - Has moved into a long-term care facility; or
  - Has begun receiving home care services through any of the home and community-based waiver programs; and
  - Is not required to complete a new HCAPP. (See HCPM 0904.0505 for when an application is not required.)
2. Either the DHS-3417 (Minnesota Health Care Programs Application) or the DHS-3543, whichever is appropriate, must be received before an eligibility determination for MA payment of LTC services can be made.

**Example 8**

Jessica has been an MA enrollee residing in the community since April 2005. On August 5, 2006, Jessica moves into a nursing home and files a request for MA payment of LTC services by completing DHS Form 3543 8-06 (Attachment A) and sending it to her county financial worker. Jessica reports she received \$5,000 from the sale of an antique bedroom set on March 6, 2006 and gave the money to her daughter. The county worker calculates a penalty period of 1.12 months [ $\$5,000 \div \$4,438$  (SAPSNF in effect on the date of request for MA payment of LTC services) = 1.12]. Jessica is otherwise eligible for MA payment of LTC services. Jessica meets all MA eligibility criteria and is otherwise eligible for MA payment of LTC services but for the application of the penalty period. Jessica is ineligible for MA payment of LTC services in August plus the first \$532 in September 2006. Jessica remains eligible for MA payment of all non-LTC covered services.

**IV. System Instruction**

**A. MAXIS**

Continue to follow the instructions in POLI TEMP TE02.14.27 for Improper Transfer Calculations.

**B. MMIS**

1. Enter ineligibility for LTC services on the RLVA screen for whole month ineligibility periods.
2. Update the INELIG TYPE with "I",
3. Update the BEGIN DATE with the first day of ineligibility and the END DATE with the last day of ineligibility.

4. Refer to the MMIS User Manual for additional information at:

[http://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/DHS\\_id\\_025733.hcsp](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS_id_025733.hcsp)

## **V. Legal References**

Deficit Reduction Act of 2005 (Public Law 109-171)

Laws of Minnesota, 2006, Chapter 282, Article 17, Sections 30,31,32,33

## **VI. Attachments**

Attachment A - Request for Payment of Long-Term Care Services (DHS-3543 8-06)

## **VII. Special Needs**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 or toll free at (800) 938-3224 or through the Minnesota Relay Service at (800) 627-3529 (TDD), 711 or (877) 627-3848 (speech to speech relay service).



## Minnesota Health Care Programs

### Request for Payment of Long-Term Care Services

To: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

### Why did I get this form?

You moved to a long-term care facility or are getting services through a waiver program.

We may be able to help you pay for these services.

- Long-term care (LTC) facilities include skilled nursing facilities, intermediate care facilities, and nursing facility care in an inpatient hospital.
- Waiver programs include Elderly Waiver (EW), Community Alternatives for Disabled Individuals (CADI), Alternative Care (CAC), Community Traumatic Brain Injury (TBI), and Mental Retardation and Related Conditions (MR/RC).

### What do I have to do?

Answer all the questions on pages 2 through 4.

Return the completed form to the agency address shown above by \_\_\_\_\_.

Date

We cannot help pay your costs if you do not return the form.

### What if I have questions?

Call your worker at the phone number above if you need help or have questions.

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

**1. Did you move to a long-term care facility?**

☐ **Yes** - complete below ☐ **No** - go to question 2

What is the name of the facility? \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

When did you move there? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Were you in a hospital first? ☐ **Yes** - date admitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☐ **No**

**2. Did you start to get services through a waiver program?**

☐ **Yes** - complete below ☐ **No** - go to question 3

When did the services start? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is your current address? Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**3. Where do you want us to send your mail?**

☐ To the address you wrote above in question 1 or 2. Go to question 4. ☐ To the address below:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**4. Do you own a home?**

☐ **Yes** - complete below ☐ **No** - go to question 5

**Does a spouse, a child under the age of 21, or a blind or disabled child of any age live in the home?**

☐ **Yes** - go to question 5 ☐ **No** - complete below

Name of owner(s)	Address of home	Value	Loan Balance (if none, write 0)
		\$	\$

**Is this home for sale?** ☐ **Yes** ☐ **No**

**You must give us proof.**

- Proof can be the real estate tax statement **and** a statement showing the mortgage or loan balance.
  - If the home is for sale, proof can be a copy of the real estate contract or a copy of the newspaper ad.
- You may not get coverage if we do not get proof.

**5. Do you or your spouse have any interest in an annuity?**

☐ **Yes** - complete below

☐ **No** - go to question 6

Name of owner(s)	Interest type (owner, annuitant, beneficiary)

**You must give us proof.** Proof can be a copy of the annuity contract or other statement from the company that issued the annuity. The state becomes the remainder beneficiary of some annuities when we pay for long-term care services. You may not get coverage if we do not get proof.

**6. Was an Asset Assessment ever completed in a county or in another state?**

☐ **Yes** - when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

☐ **No**

**7. In the last 36 months, did you or your spouse:**

- Sell any assets for less than what they were worth?
- Trade assets or income?
- Transfer assets or income?
- Give away assets or income?
- Not accept an inheritance?
- Purchase an annuity, life estate in another person's home, promissory note, loan or mortgage?

☐ **Yes** - complete below

☐ **No** - go to question 8

Owner(s) of the asset or income	Type of asset or income	Value of asset or income	Who was it given to or sold to?	When? mm/dd/yy	How much were you paid for the asset?

**Do you have more transfers to report?**

☐ **Yes** - write the same information on a separate sheet of paper. Attach it to this form.

☐ **No**

**You must give us proof** to show what was sold or given away. You may not get coverage if we do not get proof.



**8. Did you buy, exchange, or add a rider to a long-term care insurance policy on or after July 1, 2006?**

☐ **Yes** - complete below

☐ **No** - go to question 9

Is this policy paying benefits for you now?

☐ **Yes**

☐ **No**

Did this policy ever pay benefits for you?

☐ **Yes** - from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **No**

Name of insurance company \_\_\_\_\_

Name of policyholder \_\_\_\_\_

Date the policy was issued \_\_\_\_\_

Policy number \_\_\_\_\_

Address of insurance company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**9. If you have more information to share, write it below.**

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I declare under penalties of perjury that I have examined all parts of this form and, to the best of my knowledge, it is a true and correct statement. I understand that a person convicted of perjury may be sentenced to imprisonment of up to five years, or a fine of not more than \$10,000, or both.

Signature of enrollee

Date

Signature of spouse

Date

Signature of person acting on your behalf (if applicable)

Phone

Date