



Long-Term Care Partnership Protected Assets Review

Case number: _____
Case name: _____
Worker name: _____
Worker phone number: _____
Fax number: _____
Agency name: _____
Agency address: _____

Date: _____
To: _____

Why am I getting this letter?

Medical Assistance helped pay for your long-term care during the past year. You also had insurance that qualified for the Long-Term Care Partnership. This is known as a Partnership policy. Because your Partnership policy paid or is paying for your care, you were able to:

- Get Medical Assistance for Long-Term Care even if your countable assets were worth more than the Medical Assistance asset limit.
- Give the county a list of the assets that you wanted to protect. They do not count for Medical Assistance for Long-Term Care. Protected assets are also protected from estate recovery

We need to know the current value of the assets you protected and whether you made changes to your protected assets. This will help us decide if you are still eligible for Medical Assistance for Long-Term Care.

What amount of assets can I protect?

You can protect an amount of assets equal to how much your Partnership policy paid for your care since July 1, 2006. This is known as your Protected Asset Limit. Your Protected Asset Limit is \$_____.

Your Protected Asset Limit may have increased if your Partnership policy paid for your care during the past year.

What do I need to tell the county about my protected assets?

Use this form to tell the county what happened to your protected assets during the year.

- Tell the county about changes to the value of the protected assets you still have.
- Tell the county about a protected asset you no longer have because you have given it away or used it up without receiving anything in return. The value of this asset will continue to count against the Protected Asset Limit.
- Tell the county about a protected asset you no longer have because you have used it, or part of it, to get another asset. This will actually change your list of protected assets.
 - For example, say you buy a \$20,000 car with money from a protected bank account with a \$50,000 balance. On the date that you bought the car with money that was protected:
 - The bank account became a smaller protected asset of \$30,000 **and**
 - The car became a \$20,000 protected asset.
 - On the date of the transfer, the two assets totaled the \$50,000 you protected.

Can I change my mind now about any assets I already protected?

No. Any asset you protected before stays protected as long as you keep it.

What happens if the value of a protected asset has increased?

The increase in value of your protected asset will be counted against your Protected Asset Limit.

What do I need to do?

1. Fill out the enclosed Long-Term Care Partnership Protected Assets Review form.
2. Get proof of how much each protected asset listed on the form is worth. Proof can be bank statements, property tax statements or other papers showing current value. If you sent proof of these assets with your renewal form, you do not have to send proof.
3. You may want to get advice from someone, such as a family member, attorney, accountant and/or financial advisor.
4. Send the completed form and proofs to the Agency listed above by _____.

Call your worker if you have not protected any assets in the past and do not have any to protect now.

Questions

- Call your worker at the number above if you have questions or need help.
- Read the enclosed brochure Long-Term Care Partnership and Medical Assistance Asset Protection (DHS-5426).
- Review information at www.mnltcpartnership.org
- Call the Senior LinkAge Line® at (800) 333-2433 (TTY (800) 627-3529) or e-mail senior.linkage@state.mn.us

Case number: _____

Case name: _____

Worker name: _____

Long-Term Care Partnership Protected Assets Review

This form will tell us what happened to your protected assets during the year.

1. Review the information on this form.
2. Complete the form the best you can. If you need more space, use a separate piece of paper. Return it with the form.
3. Sign and date the form.
4. Call your worker if you have questions or need help filling out the form.

Table 1: The following assets are counted against your protected asset limit even though you no longer have the asset.

■ This table is filled in by the county

Original protected asset	What happened to the asset	Protected value
		\$
		\$

Table 2: You currently have the following assets protected.

- Write the current value of each asset you still have.
- If you no longer have an asset, leave the current value blank and go to Tables 3 and 4.

Protected asset	Asset identification	Location of asset	Protected value as of last review	Current value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Send proof of the current value of each listed asset that you still have.

Table 3: List any asset from Table 2 that you no longer have because you gave it away, spent it or used it up and received nothing in return.

Original protected asset from Table 2	What did you do with it?	On what date?	What was the asset's value on that date?
			\$
			\$
			\$

Send proof of the value of any asset you gave away. Proof must show the asset's value on the date you gave it away.

Table 4: List any asset from Table 2 that you no longer have because you sold it or traded it to get another asset. If you used a protected asset to get something else tell us about your new asset, including any cash you received for the sale of an asset. The new asset becomes one of your protected assets.

Original protected asset from Table 2	What did you do with it?	On what date?	What is the current value of the new asset you got?
			\$
			\$
			\$
<i>Send proof of the current value of each asset you received.</i>			

Remember, you cannot protect more than your protected asset limit.

If the total current value of your protected assets is **higher** than the current protected asset limit, you may have to reduce your assets to remain eligible for Medical Assistance for Long-Term Care. The county can tell you how to reduce assets.

If the total current value of your protected assets is **lower** than the protected asset limit, you may want to protect an additional asset at this time. If you choose not to use the extra asset protection now, you can use it in the future to protect a new asset you may get or protect an increase in value of an asset you have already protected. If you choose to protect an asset now, ask your county for a form to list the asset you want to protect.

The county will review this form and tell you what you need to do.

This is important information you must read before signing.

I understand that if I am getting health care coverage, the State may deny or change my benefits without 10 days advance notice. However, the State will send me written notice no later than the effective date of the change.

Authorization to Share Information for Fraud Investigation

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and others as they apply. I further authorize taxing authorities to release copies of my income tax returns. I also understand that my permission to share information about me remains in effect for six months after my benefits stop.

Telling the Truth

I declare that, under penalty of perjury, all parts of this form are true and correct statements, to the best of my knowledge. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

SIGNATURE OF ENROLLEE		DATE
SIGNATURE OF PERSON ACTING ON YOUR BEHALF	PHONE NUMBER	DATE

WORKER NOTES

Document any changes in protected assets based on verifications and discussions with the client.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB32-0008 (1-08)

This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.