

Western Mass Estate Planning

Kate Downes, Esq.

Deirdre Gleason, Esq.
Of Counsel

MASSHEALTH (MEDICAID) APPLICATION CHECKLIST (COMMUNITY BENEFITS)

The following is a list of documents and information that is needed to complete and submit an application to the Division of Medical Assistance for community (in-home or assisted-living) benefits. If the applicant has a spouse, the spouse's financial information must be included, as well. Although the non-applicant spouse's income is disregarded, there is an asset limit of \$148,620 (2023). Currently, MassHealth does not impose a disqualification period for transferred funds, so many individuals will gift excess assets to a trusted family member or other individual. This should be done only after consulting with an experienced elder law attorney. **Items in bold and underlined must be mailed with the application.** All other items are needed to prepare the application, but do not need to be filed with it.

- **PERSONAL INFORMATION**
 - Copy of birth certificate(s) – *if available – no need to obtain another, if lost*
 - **Copy of marriage certificate** (if spouse)
 - Copy of Social Security card(s) – *if available – no need to obtain another, if lost*

- **INCOME VERIFICATIONS**
 - Social Security – copy of U.S. Treasury check or Statement of Benefits for current year (usually received in December of preceding year); prior year's form 1099 is not sufficient, as it will not reflect the current year's benefit amount
 - **Pensions/other fixed retirement income** (NOT IRAs) – copy of check stub or other **statement reflecting current gross pay and all deductions** (form 1099s from prior year or direct deposit notation on bank statement are not sufficient)

- **HEALTH INSURANCE INFORMATION**
 - **Copies of back and front sides of health insurance card(s)**, including Medicare and any supplemental insurance (e.g., Blue Cross Blue Shield)
 - **Copy of most recent health insurance premium statement and proof of payment** (e.g., canceled check)
 - If health insurance premium paid by third party, written verification of same (e.g., pension stub reflecting deduction or letter from third party verifying amount of premium)

- **ASSET VERIFICATIONS**
(verifications must include statements for **prior 60 months**)
 - **Bank (checking, savings, CDs) and investment accounts/IRAs/401(k)s** - **copies of all statements or passbook records, including any accounts closed during covered time period** – for applicant and any spouse
 - statements must include all pages for all months
 - include copies of checks for sums of \$1,000 or greater (no others needed) with explanations/invoices, if appropriate
 - passbooks must include face page, reflecting names on account and account number
 - Please put statements in *chronological order* and *do not write on them*

❑ **MASSHEALTH (MEDICAID) APPLICATION CHECKLIST – Page 2**

- ❑ Accounts **in applicant's name** must reflect combined balance of less than \$2,000 (everything over this needs to have been spent down or closed out and transferred to any spouse or to a trusted individual who is safeguarding the funds)
- ❑ Any spouse may not have more than \$148,620 in countable assets (2023) – excludes principal residence, one car, and income-producing property
- ❑ **Cash** – in home or in safe deposit box
- ❑ **Savings bonds** – **copies of bonds and printout of current value** (obtain from savingsbond.gov). If they are in the applicant's name, they may have to be cashed out to reduce countable assets to less than \$2,000.
- ❑ **Life insurance** – copies of face pages of policies, reflecting owner and original amount of insurance purchased, together with written verification of cash surrender value (even if no cash value); cash value of policies with face value of \$1,500 or more counts toward applicant's \$2,000 – it may be appropriate to assign ownership of a policy to a spouse or trusted individual to avoid cashing out the policy, for less than the death benefit

- ❑ Trusts – copies of any trusts of which you are (the donor/settler/grantor, trustee or beneficiary, as well as detailed information on any assets in the name of the trust(s), regardless of how many years ago the trust was established or funded.

- ❑ Funeral - **copies of any prepaid funeral contracts** reflecting amount paid and statement that contract is irrevocable; **Statement of Goods and Services**, which itemizes services purchased

- ❑ **Burial bank accounts** – copies of account statements or passbook face page reflecting owner(s) and current balance (update if necessary)

- ❑ **Stocks/bonds/other - copies of stock certificates, savings bonds, complete brokerage account statements, and/or complete mutual fund statements**

- ❑ Automobiles - **copy of registration(s) to any motor vehicles and evidence of value** (tax excise bill or printout from www.kbb.com)

- ❑ Annuities – copies of annuity contract(s) and statements

- ❑ Real estate - **copies of deeds to real estate** owned in the last 60 months; if transferred out of applicant's name, even if retained life tenancy, include written documentation of tax-assessed value of property as of date of transfer

- ❑ TRANSFERS – Copies of all checks and explanation of all withdrawals of \$1,000 or greater during the prior 60 months (5 years), even though current MassHealth policy is not penalizing community applicants for transferred funds.

- ❑ **FRAIL ELDER WAIVER FORM** – the document signed by a nurse from the home care agency, after assessing the applicant's clinical needs for in-home care. You have a right to a copy of this form and to mail it in yourself with the application.