

DECLARATION AND ASSESSMENT OF ASSETS

PURPOSE: To provide a uniform method of obtaining assets information from institutionalized individuals with a spouse in the community. The form provides a method of gathering information about the assets owned at the beginning of the first continuous period of institutionalization, verifying assets information, determining spousal share, and notifying requestors of the equity value of non-exempt assets and the spousal share. The form also contains identifying information to assign a DCN number to both the institutionalized and community spouse.

The IM-78 is also the entry document for the ISMT terminal screen.

NUMBER OF COPIES AND DISPOSITION: The IM-78 is a three (3) page, three (3) copy NCR form. After completion mail a copy to both the institutionalized and community spouse. The original is a permanent part of the assessment record or the IM case record.

MANUAL REFERENCE: Chapter XI, Section V

INSTRUCTIONS FOR COMPLETION:

Complete the form at the request of either the institutionalized spouse, the community spouse, or a representative acting on behalf of either spouse.

The white areas of the form are to be completed by the requestor(s) in ink. The worker completes the "Identifying Information" section and the gray areas in ink. Use this identifying information for DCN assignment for both the institutionalized and community spouse.

IDENTIFYING INFORMATION:

Institutionalized spouse:

DCN: Enter the eight (8) digit DCN number. Use this number to access the ISMT screen.

NAME: Enter the institutionalized spouse's full name. This name will appear on the ISMT screen without worker entry.

SOCIAL SECURITY NUMBER: Enter the verified social security account number exactly as it appears on the social security card.

TELEPHONE NUMBER: Enter the telephone number where the institutionalized spouse may be reached.

ADDRESS: Enter the current address including the name of the institution where the institutionalized spouse resides. This address is entered into the ISMT screen.

RACE: Enter the appropriate race code from the IM-5/IMU5 code sheet.

SEX: Enter the appropriate sex code from the IM-5/IMU5 code sheet.

BIRTH DATE: Enter the birth date (MMDDYYYY).

Community spouse:

DCN: Enter the eight (8) digit DCN number. Enter this number into the ISMT screen.

NAME: Enter the name of the community spouse. When the community spouse's DCN number is entered into the ISMT screen, the name will automatically appear.

SOCIAL SECURITY NUMBER: Enter the verified social security account number exactly as it appears on the social security card.

TELEPHONE NUMBER: Enter the telephone number where the community spouse may be reached.

ADDRESS: Enter the current address of the community spouse. This address is entered into the ISMT screen.

RACE: Enter the appropriate race code from the IM-5/IMU5 code sheet.

SEX: Enter the appropriate sex code from the IM-5/IMU5 code sheet.

BIRTH DATE: Enter the birth date (MMDDYYYY).

DATE ASSESSMENT REQUESTED: Enter the date the request for the assessment was made by either the institutionalized spouse, the community spouse, or a representative acting on behalf of either spouse. Enter this date into the ISMT screen.

DATE INSTITUTIONALIZED: Enter the date the institutionalized spouse began the first continuous period of institutionalization. Record how verified in the gray area. Enter this date into the ISMT screen.

VENDOR NAME: Enter the name of the institution where the institutionalized spouse began the first continuous period of institutionalization IF it has a valid DFS vendor number.

OTHER INSTITUTION NAME AND ADDRESS: Enter the name and address of the institution where the institutionalized spouse began the first continuous period of institutionalization IF not named in the Vendor Name section. For example, if the institutionalization began at Mercy Hospital (which does not have a valid DFS vendor number) record: Mercy Hospital, 1234 Meyer Blvd., KC, MO 64101. This information will be entered into the ISMT screen IF the institution does NOT have a valid DFS vendor number.

ASSESSMENT DECISION:

TOTAL NON-EXEMPT ASSETS: Enter the verified total of the equity value of all the non-exempt assets owned by both the institutionalized and community spouse at the beginning of the first continuous period of institutionalization. This is the same amount entered on page 3. Enter this information into the ISMT screen.

SPOUSAL SHARE: Enter the spousal share as on page 3. The spousal share is entered into the ISMT screen.

DATE ASSESSMENT COMPLETED: Enter the date the assessment was completed. Processing is required within 45 days of the date of request. Enter the date the assessment was completed into the ISMT screen.

COUNTY NAME AND ADDRESS: Enter the name and address of the county completing the assessment. NOTE: If the record is transferred to another county, record the information and verification in the gray area of the form.

TELEPHONE NUMBER: Enter the county telephone number.

DECLARATION OF ASSETS:

Enter the month and year (MMYY) in which the first continuous period of institutionalization began.

The remainder of this section is to be completed by the requestor(s) of the assessment of assets. ALL the assets owned by the couple are to be declared.

ASSETS:

1. The requestor(s) will check "yes" or "no" to indicate if any of the assets listed are owned by the institutionalized or community spouse (or both). If "yes", list who owns the asset (i.e.: name(s) on the bank accounts), the location, and the value.
2. The requestor(s) will check "yes" or "no" to indicate if any of the types of personal property listed are owned by either the institutionalized or community spouse (or both). If "yes" list where the property is located, the value, and the debt.

The requestor(s) will indicate the make, model, year, owner, value, debt, and use of all vehicles owned by the institutionalized or community spouse (or both).

3. The requestor(s) will check "yes" or "no" to indicate whether the institutionalized or community spouse (or both) own or are buying any real estate. If "yes", the requestor(s) will list the kind and location, mortgage company or person, loan number, name(s) on the deed, estimated current market value, amount owed, and use.
4. The requestor(s) will check "yes" or "no" to indicate if the institutionalized or community spouse (or both) own any life insurance, burial plans or burial funds. If "yes", the requestor(s) will list the person insured, the company name and the policy number.

SHADED AREA (WORKER INSTRUCTIONS)

VENDOR NUMBER: Enter the vendor number of the institution where the institutionalized spouse began the first continuous period of institutionalization if the facility has one. Refer to Chapter VI, Appendix A, B, and C for vendor numbers. Enter this number into the ISMT screen. The name will automatically appear if a valid DFS vendor number is entered.

LIKELY TO REMAIN INSTITUTIONALIZED: Check yes when the length of the institutionalization is likely to be 30 days or longer. Check no if the institutionalization is likely to be less than 30 days. Record the verification in the gray area on the form.

REASON INACTIVE: Enter the appropriate two (2) digit code when an assessment is denied or deactivated. The correct codes are:

- 01 Death of institutionalized spouse
- 02 Death of community spouse
- 03 Institutionalization of the community spouse
- 04 Divorce
- 06 Refused to provide information
- 07 Not likely to remain institutionalized for 30 days or more
- 08 Other (record reason in gray area if this code is used.)
- 00 Reactivate Assessment

Record verification in the gray area of the form. If the assessment is denied or deactivated, enter the proper code into the ISMT screen.

DATE LEFT INSTITUTION: Make no entries in this field.

COUNTY NUMBER: Enter the three (3) digit county number. Enter this number into the ISMT screen.

WORKER NUMBER: Enter the worker number of the worker completing the assessment. Enter this number into the ISMT screen.

LOAD NUMBER: Enter the load number of the worker completing the assessment. Enter this number into the ISMT screen.

SUPERVISOR NUMBER: Enter the worker number of the supervisor of the worker completing the assessment. Enter this number into the ISMT screen.

EXEMPT: Enter an "E" if the asset declared is exempt. Enter a "C" if the asset declared is not exempt and thus counted. IF THE ASSET IS EXEMPT DO NOT VERIFY ITS VALUE.

EQUITY: Enter the VERIFIED equity value of the non-exempt asset for the month in which the first continuous period of institutionalization began.

HOW VERIFIED: Enter the method (letter, bank statement, telephone call, etc.) and the date the equity value of the non-exempt asset was verified.

Do not use agency jargon or references to a form number when recording on the IM-78. Also use this section to record interim contacts regarding the assessment. For example, changes in address or telephone numbers of the institutionalized or community spouse.

TOTAL NON-EXEMPT ASSETS: Enter the verified total of the equity value of ALL the non-exempt assets owned by the institutionalized and community spouse (or both) in the month in which the first continuous period of institutionalization began. Also enter this amount on page 1 and into the ISMT screen.

SPOUSAL SHARE: Enter the amount of the spousal share here and on page 1. Enter this amount into the ISMT screen.

NOTIFICATION AND SIGNATURE SECTION:

Review the notification section and the reporting requirements with the requestor(s) prior to having them sign the form.

Either the institutionalized spouse, the community spouse, or a representative acting on behalf of either spouse may sign and date the form.

Two (2) witnesses are required when the requestor(s) sign with an "X".

The worker completing the assessment signs and dates the form when the non-exempt assets are verified and the spousal share is determined.

ASSESSMENT NOT COMPLETED: Enter the reason why the assessment of assets could not be completed. The reason must be the same as why an assessment is deactivated.

WHEN THE ASSESSMENT IS COMPLETED MAIL A COPY TO BOTH THE INSTITUTIONALIZED AND COMMUNITY SPOUSE. IF EITHER SPOUSE HAS A GUARDIAN, MAIL A COPY TO THAT GUARDIAN INSTEAD.