DEPARTMENT OF HEALTH SERVICES
Division of Long Term Care
F-20919D (02/2009)

STATE OF WISCONSIN
Wis. Stat. 46.27(6u)(d);49.453 and 49.47
42 CFR 441

DECLARATION REGARDING TRANSFER OF RESOURCES

LONG-TERM CARE MEDICAID WAIVER PROGRAM AND / OR COMMUNITY OPTIONS PROGRAM

Completion of this form is mandatory per Wis. Stat. 46.27(6u)(d); 49.453 and 49.47; and the Federal Deficit Reduction Act of 2005. Prohibited divestments are a bar to the Community Options Program and to the Medicaid Home and Community Based Waiver eligibility; therefore, applicants/ participants must complete this form so the caseworker can ascertain whether or not they are eligible.

Care Manager / Support and Service Coordinator:
Complete this form at application or at review and send it to your Income Maintenance Worker for an evaluation of a possible divestment when a Community Options Program and / or Group A (SSI, SSI-E, Katie Beckett) Medicaid Waiver participant / applicant answers "Yes" to one or more of the questions below.

NOTE: Beginning on February 1, 2012, you should ask all of the following questions referencing back to January 1, 2009. Starting January 1, 2009, the number of months in the look-back period will increase by one additional month until the look-back period reaches 60 months—January 2014. Refer to the chart at the end of this form to insert the correct look-back period.

Name - Applicant / Participant: ____

Participant's Medicaid Number: ________________________

Yes **No**
☐ ☐ 1. Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past **36 months**? (Note that beginning February 1, 2012, the number of months in the look-back period will increase each month by one additional month, until the look-back period reaches 60 months in January 2014. Beginning February 2012, refer to the look-back period chart at the end of this form to insert the correct look-back period.)

If yes, specify the date of the purchase, the value of the life interest, and the seller's relationship to the applicant/participant.

Date of Transfer	Item(s) Transferred	Approximate Value	Name of Person to Whom Property was Transferred & Relationship to Applicant / Participant
	1.		
	2.		
	3.		
	4.		
	5.		

Yes **No**
☐ ☐ 2. Have you or your spouse purchased a life interest in another individual's home?

If yes, specify the date of the purchase, the value of the life interest, and the seller's relationship to the applicant/participant.

Date of Life Interest Purchase	Approximate Value	Name of Person from Whom Life Interest was Purchased & Relationship to Applicant / Participant
1.		
2.		

Yes **No**
☐ ☐ 3. Have you or your spouse purchased a promissory note(s), a loan(s), or a mortgage(s)?

If yes, specify the date of the purchase, the value of the note(s), loan(s), or mortgage(s), and the seller's relationship to the applicant/participant.

Date of Purchase	Approximate Value	Name of Person from Whom Note, Loan or Mortgage was Purchased & Relationship to Applicant / Participant
1.		
2.		
3.		

Yes **No**

☐ ☐ 4. Have you or your spouse purchased an annuity?

If yes, specify the date of the purchase, the value of the annuity and the seller's relationship to the applicant/participant.

Date of Purchase	Approximate Value	Name of Person from Whom the Annuity was Purchased & Relationship to Applicant / Participant
1.		
2.		
3.		

Yes **No**

☐ ☐ 5. If you or your spouse own any annuities that were purchased prior to January 1, 2009, have any of the following transactions occurred after January 1, 2009, to that annuity?

- Additions of principal
- Elective withdrawals
- Requests to change the distribution of the annuity
- Elections to annuitize the contract
- A change in ownership

If yes, specify the date, transaction, amount(s), and the seller's relationship to the applicant/participant.

Date of Transaction	Type of Transaction	Value of the Transaction
1.		
2.		
3.		

Yes **No**

☐ ☐ 6. Have you or your spouse created a trust or added funds to a trust **within the last five years?**

If yes, specify the date, transaction, amount(s), and the seller's relationship to the applicant/participant.

Date of Transaction	Type of Trust Established (if funds were added to trust, so indicate)	Approximate Value
1.		
2.		
3.		

Because the 60-month look-back period for transfers not involving trusts is applied only to transfers that occurred on or after January 1, 2009, *the look-back period for these transfers will remain 36 months until January 1, 2012.* After January 1, 2012, the look-back period will increase by one additional month between February 2012 and December 2013, as illustrated below:

- **Years 2009, 2010, 2011** - Look-Back Period (LBP) in Months for Divestments Other than Trusts—36 months

Years 2012 and 2013 – Look-Back Period (LBP) in Months for Divestments Other than Trusts

2012				**2013**			
Month	LBP	Month	LBP	Month	LBP	Month	LBP
January	36	July	42	January	48	July	54
February	37	August	43	February	49	August	55
March	38	September	44	March	50	September	56
April	39	October	45	April	51	October	57
May	40	November	46	May	52	November	58
June	41	December	47	June	53	December	59

Then, beginning January 1, 2014, the look-back period for ALL divestments will be 60 months from the date the individual has applied for HCBW or MLTC.

SIGNATURE - Participant Date Signed

NOTE: If more space is needed, use additional forms (F-20919D).