MISSISSIPPI DIVISION OF MEDICAID

RESOURCE ASSESSMENT NOTICE

_____ Institutional Spouse _____

_____ Community Spouse _____

_____ Date _____

Based on your request for an assessment of resources owned by the couple named above, the Division of Medicaid has determined that the institutional spouse:

❑ would be eligible for Medicaid based on resources, see below for details.

❑ would **not** be eligible for Medicaid based on resources, see below for details.

Resources that are countable in determining Medicaid resource eligibility are as follows:

Countable Resource Type	Owner(s) of Resource	Resource Value

Total Countable Resources of the Couple: **$**_____

Community Spouse (CS) Share: based on federal maximum **$** _____

Institutional Spouse (IS) Share: based on individual limit **$** _____

Excess Resources that would be available to the IS **$** _____

This is an assessment only. Transferring ownership of resources between spouses may be required to arrange spousal shares allowed. In order for the Division of Medicaid to provide an official Medicaid eligibility decision, a full Medicaid application must be filed for long term care Medicaid.

Medicaid Specialist _____ Phone # _____