



"Helping You Today, Improving Your Tomorrow"

---

DATE: \_\_\_\_\_

TO: Applicant/Responsible Party applying for IN Nursing Facility Admission

FROM: LifeTime Resources (Area 12) Pre-Admission Screening Program

RE: Refusal to participate in Indiana's Pre-Admission Screening Program

An application for Long-Term Care Services (IN State Form 45943) for

\_\_\_\_\_ was completed on

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. This application is marked that you **DO NOT AGREE** to participate in the Indiana Pre-Admission Screening Program (IPAS). By not agreeing to participate in IPAS you are indicating that you understand **you will not be eligible for Medicaid reimbursement per diem** in any Indiana nursing facility for up to one (1) year from the date of admission.

Nursing Home care can be very costly and according to the 2007 Annual Statewide In-Home Services Report Executive Summary, **the average Medicaid Nursing Facility case mix rate is \$41,055.20 for one (1) year.**

We are hopeful that this notice has provided you useful data to make an informed decision. Please sign and date below.

**I have read the above and certify that I have adequate funds to privately pay for IN nursing facility care for at least one (1) year and DO NOT wish to participate in Indiana's Pre-Admission Screening Program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date