

**NOTICE TO MEDICAID ESTATE RECOVERY OF PENDING TRANSFER OF PROPERTY
BY TRANSFER ON DEATH DEED**

*This notice is to be completed by the decedent's beneficiary, or authorized representative of the beneficiary, and provided to the County Recorder along with the affidavit and certified copy of the death certificate required under the Ohio Revised Code for transfer of the deceased owner's interest. **Prior to recording the transfer, the County Recorder shall attach a copy of the deed and mail it with a copy of the signed notice to :***

**Administrator, Medicaid Estate Recovery Program
c/o: Attorney General, Collections Enforcement
150 East Gay Street, 21st Floor
Columbus, Ohio 43215**

The County Recorder shall also ensure that this notice is NOT recorded or publicly shared. The Medicaid recipient information and personal data provided herein is confidential under federal and state law, including 5 USC 552a, 42 CFR 431.300 through 42 CFR 431.307, 45 CFR Parts 160 and 164 and ORC Sections 5101.27 and 1347.12. Therefore, county personnel must take precautions to keep the information secure and to keep access to the minimum necessary to accomplish Medicaid estate recovery.

The Administrator of the Medicaid Estate Recovery Program will respond to a properly completed notice within thirty (30) days of receipt of the notice to either release or encumber the property under the Medicaid Estate Recovery Program. Incomplete or incorrect notices will delay this process.

SECTION 1 - DECEASED PROPERTY OWNER NAME AND PROPERTY ADDRESS

Name of Decedent		
Property Address of Decedent		
City	State (2-letter abbreviation)	Zip Code

SECTION 2 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER

<input type="checkbox"/> The deceased property owner was not a Medicaid recipient.	
<input type="checkbox"/> The deceased property owner may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased property owner was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER'S PRE-DECEASED SPOUSE

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid recipient.	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner's pre-deceased spouse aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 - INFORMATION REGARDING BENEFICIARY

If the beneficiary is a son or daughter of the Decedent: (1) Is the beneficiary a child under the age of twenty-one (21) Yes No ;
 (2) Is the beneficiary age twenty-one (21) and over, AND "blind" or "disabled" under the definition contained in 42 USC 1382c? Yes No

SECTION 5 - CERTIFICATION OF BENEFICIARY OR BENEFICIARY'S REPRESENTATIVE

By my status selection and signature below, I certify that I am the beneficiary, or the beneficiary's authorized representative, of the property listed in Section 1 of this notice, and as described in the attached transfer-on-death deed. I further certify that the information provided in this notice is complete and accurate to the best of the beneficiary's, and beneficiary's authorized representative's knowledge. (NOTE: For beneficiaries who have authorized representatives, only the name of the beneficiary is required in the left column, as all of the authorized representative's details will be provided in the right hand column).

	<u>Information about Beneficiary</u>	<u>Information about Beneficiary's Authorized Representative</u>
Name		
Address		
City, State Zip		
Home/Work Phone Cell/Fax (specify)		
Status Selection (<i>check one</i>) <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Representative of the Beneficiary		
Signature of Beneficiary OR Beneficiary's Authorized Representative		Date Signed

* Social Security Numbers:

- Are only required to be provided when the decedent or the decedent's pre-deceased spouse is believed to have received Medicaid.
- Are required for purposes of identifying former recipients of Medicaid, and to determine if any estate recovery is warranted. The Ohio Department of Job and Family Services is authorized to collect the social security numbers of Medicaid applicants and recipients, and to pursue recovery of any sums owed to Ohio Medicaid, pursuant to 42 CFR 431.302, 42 CFR 431.305; Ohio Revised Code (ORC) Sections 5101.181, 5101.182 and 5111.01; and, Ohio Administrative Code (OAC) Rule 5101:1-38-02.1.
- Will be treated as confidential, and will only be used for purposes directly connected with the administration of the Medicaid program, which includes overpayment recovery and collection.
- Must be provided for any decedent or decedent's spouse believed to have received Medicaid; and, if not provided, could result in incorrect matches, as well as the potential for setting aside of the real estate transfer, upon subsequent discovery of the Medicaid recipient's ownership interest in the estate.