

Ohio Department of Medicaid  
**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 the authorized representative of the beneficiary, and mailed to:

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

The Medicaid individual's 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, ORC Sections 5160.45 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.

**Section 1 – Deceased Property Owner Name and Property Address**

Name of Decedent		
Property Address of Decedent		
City	State	Zip Code

**Section 2 – Information Regarding Deceased Property Owner**

<input type="checkbox"/> The deceased property owner was not a Medicaid-eligible individual	
<input type="checkbox"/> The deceased property owner may have been a Medicaid-eligible individual	Social Security Number *
<input type="checkbox"/> The deceased property owner was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number
Was the Medicaid-eligible individual the deceased property owner and age 55 or older at the time he/she received Medicaid benefits?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

**Section 3 – Information Regarding Deceased Property Owner's Pre-Deceased Spouse**

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid-eligible individual	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid-eligible individual	Social Security Number*
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number
Was the Medicaid-eligible individual the deceased owner's pre-deceased spouse and age 55 or older at the time he/she 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Is the beneficiary age twenty-one (21) or over AND blind or disabled under the definition contained in 42 USC 1382c? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Affidavit of Confirmation. I further certify that the information provided in this notice is complete and accurate to the best of my knowledge.*

	Information about Beneficiary	Information about Beneficiary's Authorized Representative
Name		
Street Address		
City, State, Zip Code		
Telephone Number		

**Status Selection (check one)**

- Beneficiary
- Authorized Representative of the Beneficiary

**Signature of Beneficiary OR Authorized Representative of Beneficiary**

**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 Medicaid eligible individuals and to determine if estate recovery is warranted. The Ohio Department of Medicaid is authorized to collect the social security numbers of Medicaid applicants and eligible individuals, 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) Section 5162.21, and Ohio Administrative Code (OAC) Rule 5160:1-2-07.
- 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 collections.
- Must be provided for any decedent or decedent's pre-deceased 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 eligible individual's ownership interest in the estate.