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:

Assistant Attorney General – Collections Enforcement Office of Ohio Attorney General Dave Yost 30 E. Broad Street, 14th Floor Columbus, Ohio 43215

The Medicaid individual's information and personal data provided herein is confidential under federal and state law, including 5 USC

personnel must take precautions to keep the information Medicaid estate recovery.	rts 160 and 164, OF secure and to keep	RC Sections 5160.45 and 1347.12. Therefore, county of access to the minimum necessary to accomplish
Section 1 – Deceased Property Owner Name and Propert	v Address	
Name of Decedent	y Auuress	
Property Address of Decedent		
City State		Zip Code
Section 2 – Information Regarding Deceased Property Ow	mer	
The deceased property owner was not a Medicaid-elig		
The deceased property owner may have been a Medicaid-eligible individual		Social Security Number *
The deceased property owner was a Medicaid-eligible individual		Social Security Number or Medicaid Billing Number
Section 3 – Information Regarding Deceased Property Own The deceased owner's pre-deceased spouse was not a N		
The deceased owner's pre-deceased spouse may have been a Medicaid-eligible individual		Social Security Number*
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 p Medicaid benefits? Yes No	ore-deceased spous	se and age 55 or older at the time he/she received
Section 4 – Information Regarding Beneficiary		
f the beneficiary is a son or daughter of the decedent:		and the second s
1) Is the beneficiary a child under the age of twenty-one (21) Yes No		ficiary age twenty-one (21) or over AND blind or r the definition contained in 42 USC 1382c?

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's Authorized Information about Beneficiary 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.