

## 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 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. The decedent's beneficiary, or the authorized representative of the beneficiary, 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, 21<sup>st</sup> Floor  
Columbus, Ohio 43215**

The County Recorder shall ensure that this notice is **not** recorded or publicly shared. 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

|  |   |  |
|--|---|--|
| The deceased property owner was not a Medicaid eligible individual   |   |  |
| 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 |  |
| Was the Medicaid eligible individual the deceased property owner age 55 or older at the time they received Medicaid benefits?<br>Yes      No |   |  |

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

|   |   |  |
|---|---|--|
| The deceased owner's pre-deceased spouse was not a Medicaid eligible individual   |   |  |
| 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 pre-deceased spouse age 55 or older at the time they received Medicaid benefits?      Yes      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)?<br><br>Yes      No | 2) Is the beneficiary age twenty-one (21) or over, AND blind or disabled under the definition contained in 42 USC 1382c?<br><br>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 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.