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 st 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 Sta	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		ligible	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 and age 55 or older at the time he/she received Medicaid benefits? 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 ow Medicaid benefits? Yes No	vner's pre-o	deceased spous	e and age 55	or older at the time he/she received		
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-o Yes No	one (21)?	2) Is the beneficiary age twenty-one (21) or over AND blind or disabled under the definition contained in 42 USC 1382c? Yes No				

Section 5 – Certification of Beneficiary or Beneficiary's Representative

	Information about Beneficiary	Inform	nation about Beneficiary's Authorized Representative
Name			•
Street Address			
City, State, Zip Code			
Telephone Number			
Status Selection (check one)			
Authorized Representativ			
Signature of Beneficiary OR A * Social Security Numbers:	uthorized Representative of Beneficiary		Date Signed
 Are only required to be predicaid. 	rovided when the decedent or the decedent's pr	e-deceased s	spouse is believed to have received
The Ohio Department of I individuals, and to pursue	s of identifying former Medicaid eligible individua Medicaid is authorized to collect the social securi recovery of any sums owed to Ohio Medicaid, p on 5162.21, and Ohio Administrative Code (OAC)	ity numbers oursuant to 4	of Medicaid applicants and eligible 2 CFR 431.302, 42 CFR 431.305, Ohio
	ntial and will only be used for purposes directly overpayment recovery and collections.	connected w	vith the administration of the Medicaid
provided, could result in i	decedent or decedent's pre-deceased spouse be ncorrect matches, as well as the potential for set he Medicaid eligible individual's ownership inter	tting aside of	f the real estate transfer, upon