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 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.

Medicald 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		igible	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 Secu	rity Number*	
The deceased owner's pre-deceased spouse was a Medicaid-eligible individual			Social Secu	rity 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? 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-or Yes No			iciary age twenty-one (21) or over AND blind or r the definition contained in 42 USC 1382c?		

ODM 07408 (Rev 7/2021) Page 1 of 2

By my status selection and signature	e below, I certify that I am the beneficiary, o	or the beneficiary's authorized representative, of the
property listed in Section 1 of this no	otice and as described in the attached Affide	avit of Confirmation. I further certify that the
information provided in this notice i	s complete and accurate to the best of my k	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 th	e Beneficiary	

Section 5 – Certification of Beneficiary or Beneficiary's Representative

Signature of Beneficiary OR Authorized Representative of Beneficiary

- 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.

Date Signed

- 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.

ODM 07408 (Rev 7/2021) Page 2 of 2

^{*} Social Security Numbers: