

DIVISION OF MEDICAID

Estate Recovery Form

TO: Third Party Liability (TPL) Unit

FROM: _____, Medicaid Specialist

_____ Regional Office

RECIPIENT'S NAME _____

MEDICAID ID NUMBER _____

DATE OF DEATH _____ **DATE OF BIRTH** _____

NURSING FACILITY _____

HCBS WAIVER _____

The above named client is now deceased and there is ownership of real and/or personal property which may be considered an estate. The client was age 55 or over when he/she received Medicaid in a nursing facility and there is no legal surviving spouse or dependent child(ren) under age 21 or dependent blind or disabled child(ren) known to the Regional Office.

The case record is attached.

List the assets that were used in calculating the value of the estate. Do not include burial or life insurance, joint bank accounts, life estate property, annuities or promissory notes.

Area Supervisor's Initials

MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-TPL-411 - ESTATE RECOVERY FORM

PURPOSE & USE

This form is used to notify the TPL Unit of the death of a Medicaid eligible who was 55 years of age or older when nursing facility services were received and is affected by the estate recovery provision. A form is required whenever the recipient owned or shared ownership in real property or owned personal property totaling \$5,000 or more in value.

Do not complete this form if the recipient is exempt from the estate recovery provision, or if there is no real property owned in full or in part and no personal property valued at \$5,000 or more at the time of death.

INSTRUCTIONS

Mail the prepared form along with the case record to the TPL Unit.