



Office of the Ohio Attorney General
 Collections Enforcement Section
 Greg Delev, Special Counsel
 1050 Delta Avenue, Suite 1000
 Cincinnati, OH 45208
 Address Service Requested

July 30, 2013

CRN: [REDACTED]
 ACCOUNT NO: [REDACTED]
 DECEDENT: [REDACTED]

ATTN: ADMINISTRATOR
 [REDACTED]
 [REDACTED]
 [REDACTED]

Greg Delev, Special Counsel,
 Delev & Associates, LLC
 1050 Delta Avenue, Suite 1000
 Cincinnati, OH 45208



In accordance with Federal mandates, the Ohio Department of Jobs and Family Services has established the Medicaid Estate Recovery Program to recover Medicaid monies in certain appropriate situations. Pursuant to Ohio Revised Code 5111.11, The Ohio Department of Family Services has certified monies that were provided to the above named Decedent that are due and owing under the Medicaid Estate Recovery Program to the State of Ohio. I have been appointed as Special Counsel to provide legal services to the State of Ohio to determine what assets of the Decedent exist that are available to satisfy this debt. According to information provided by Ohio Department of Job and Family Services you may have information that aids the State of Ohio in determining if this is an appropriate case for recovery. This is an attempt to collect a debt and any information obtained will be used for that purpose.

In order to assist this office in determining if this is an appropriate case for recovery, please provide the following information:

- 1) Name, address, and telephone number of next of kin/responsible party and relationship to decedent.
- 2) Were there any Resident Account Funds at the date of death? If yes, how much and who has possession of those funds? Please remit to this office pursuant to ORC §5111.112.
- 3) Name and telephone number of person providing responses.

Please forward all documentation within 30 days of the date of this letter. Please send the information to my attention at the below address in accordance with ORC 5111.112. Also note the above referenced account number on your response. If we have not received the information requested or if you have not contacted my office within (30) days from receiving this notice to make other arrangements, I will advise the Attorney General and take whatever action the Attorney General may instruct me to take. Thank you for your assistance and cooperation.

Again, please contact my office within thirty (30) days from receiving this notice at (513) 621-0930 if you would like to discuss this matter further or would like to make other arrangements. If you care to correspond with this office in writing, please do so by regular U.S. mail using the address noted above or by email at oag@delevlaw.com.

Sincerely,

Gregory D. Delev
 Special Counsel to Ohio Attorney General

FAX TO: 513-562-8822

EMAIL: OAG@DELEVLAW.COM

MAIL TO ADDRESS BELOW



Office of the Ohio Attorney General
Collections Enforcement Section
Gregory D. Delev, Special Counsel

CRN: [REDACTED]

ACCOUNT NO: [REDACTED]

DECEDENT: [REDACTED]

PERSONAL NEEDS ALLOWANCE (PNA) ACCOUNT REMITTANCE FORM

A. RESIDENT INFORMATION

Resident's Full Name: (Last)	(First)	(MI)	Medicaid Acct#:
Social Security Number:	Date of Death:	Medicaid Billing Number (12 digits):	
Date Range Resident resided at this or affiliated location:			until

B. PERSONAL NEEDS ALLOWANCE ACCOUNT INFORMATION

Did the Decedent have a Personal Needs Allowance (PNA) Account or a Resident Fund Account (RFA)?	
Are the funds being remitted with this form?:	If "No" to whom were the funds remitted and when?:
Check or Money Order #:	Remittance Amount:

C. DECEASED PERSON'S RESPONSIBLE PARTY OR NEXT OF KIN INFORMATION

Resp. Party Full Name: (Last)	(First)	(MI)	Area Code/Phone Number:	
Address:	City:	State:	Zip:	

D. FACILITY INFORMATION

Contact Name:	Position:	
Facility Name:	Area Code/Ph. Number:	Email:
Note Any Known Assets(ex. real estate):		
Signature of Provider Representative:		

INSTRUCTIONS

The owner or operator of an adult care facility where a Medicaid recipient lived must transfer the amount in the Medicaid recipient's *Personal Needs Allowance (PNA)* Account to the State of Ohio no earlier than 60 days but no later than 90 days after the resident has died pursuant to Ohio Revised Code § 5111.113 (B) subject to the following:

If an executor or administrator is appointed within 60 days after the death of the individual, or an application for the release of administration is filed concerning the resident's estate, the owner or operator of the facility must send the PNA accounts funds (made payable to "The Estate of" Decedent) to the person responsible for the estate (i.e. attorney, executor, administrator).

If an estate has not been opened within ninety (90) days, the funds should be distributed in the following manner:

- (1) If the resident had funeral or burial expenses and the only resource available to pay for those expenses is the money in the PNA Account, the money should be used to pay for those expenses rather than remitted to the State of Ohio.
- (2) If the resident has a surviving spouse, the money in the PNA account should be sent to the surviving spouse.
- (3) If the resident has no outstanding funeral expenses and no surviving spouse, the money in the PNA account should be made payable to the Ohio, Treasurer of State and sent to our office at the address referenced below.

The distribution of the money in the resident's PNA account in the above mentioned manner discharges and releases the owner of the facility or home from any claim for the money from any source.

If you are submitting funds to the State of Ohio, please mail this completed form and payment to the Ohio, Treasurer of State to the following address:

Gregory D. Delev, Special Counsel
Delev & Associates
1050 Delta Avenue, Suite 1000
Cincinnati, Ohio 45208
513-621-0930 (p)
513-562-8822 (f)
oag@delevlaw.com

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

ESTATE OF: _____

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**
[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

**Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215**

**THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE
PROBATE COURT**

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: _____
2. Address of Decedent: _____

3. Date of Birth: _____ Age: _____
4. Date of Death: _____
5. Social Security Number: _____
6. Check all applicable boxes:

- A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;
- A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;
- The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

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 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. Prior to recording the transfer, the County Recorder 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, 21st Floor
Columbus, Ohio 43215**

The County Recorder shall also ensure that this notice is NOT recorded or publicly shared. The Medicaid recipient 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 and ORC Sections 5101.27 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.

The Administrator of the Medicaid Estate Recovery Program will respond to a properly completed notice within thirty (30) days of receipt of the notice to either release or encumber the property under the Medicaid Estate Recovery Program. Incomplete or incorrect notices will delay this process.

SECTION 1 - DECEASED PROPERTY OWNER NAME AND PROPERTY ADDRESS

Name of Decedent		
Property Address of Decedent		
City	State (2-letter abbreviation)	Zip Code

SECTION 2 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER

<input type="checkbox"/> The deceased property owner was not a Medicaid recipient.	
<input type="checkbox"/> The deceased property owner may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased property owner was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER'S PRE-DECEASED SPOUSE

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid recipient.	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner's pre-deceased spouse aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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) Yes No :
 (2) Is the beneficiary age twenty-one (21) and over, AND "blind" or "disabled" under the definition contained in 42 USC 1382c? 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 the beneficiary's, and beneficiary's authorized representative's knowledge. (NOTE: For beneficiaries who have authorized representatives, only the name of the beneficiary is required in the left column, as all of the authorized representative's details will be provided in the right hand column).

	<u>Information about Beneficiary</u>	<u>Information about Beneficiary's Authorized Representative</u>
Name		
Address		
City, State Zip		
Home/Work Phone Cell/Fax (specify)		
Status Selection (check one) <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Representative of the Beneficiary		
Signature of Beneficiary OR Beneficiary's Authorized Representative		Date Signed

* Social Security Numbers:

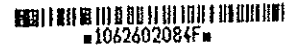
- Are only required to be provided when the decedent or the decedent's pre-deceased spouse is believed to have received Medicaid.
- Are required for purposes of identifying former recipients of Medicaid, and to determine if any estate recovery is warranted. The Ohio Department of Job and Family Services is authorized to collect the social security numbers of Medicaid applicants and recipients, 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) Sections 5101.181, 5101.182 and 5111.01; and, Ohio Administrative Code (OAC) Rule 5101:1-38-02.1.
- 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 collection.
- Must be provided for any decedent or decedent's 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 recipient's ownership interest in the estate.

WWR# 04549018 JFR CLB W-3

AFFIDAVIT RELATING TO TITLE
SECTION 5301.25.2

State of Ohio)
)
County of Cuyahoga, SS:)

Rebecca Prem Gruppe
Hamilton County Recorders Office
Doc #: 07-0119126 Type: AFF
Filed: 08/15/07 02:33:27 PM \$36.00
Off.Rec.: 10626 02084 F W3 3 620



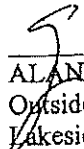
Now comes Attorney General Marc Dann, acting through counsel duly appointed as provided in Section 109.08, Revised Code, on behalf of the Ohio, Department of Job and Family services, through Outside Counsel to the Ohio Attorney General, legal Counsel for the Ohio Department of Job and Family Services, and after first being duly cautioned and sworn, states:

1. Stanley W. Masters, now deceased, date of death May 13, 2006 was a Medicaid recipient at the time of his death, claim span from September 21, 2005 thru May 13, 2006, DOD.
2. There exists a Medicaid claim against the Estate of Stanley W. Masters in the sum of \$15,541.68, plus interest from May 13, 2006.
3. Janet Sharp Masters and Stanley W. Masters were joint owners of certain real estate located in Hamilton County, City of Cincinnati, and further bound and described in legal description, attached marked Exhibit A.
4. By General Warranty Deed, recorded in Volume 10101, Page 1316, Stanley W. Masters' real estate described in paragraph three (3) of this affidavit, was transferred via Joint & Survivorship Deed to Janet Sharp Masters. This transfer conveyed the property to Janet Sharp Masters occurred as of the date of death, May 13, 2006, of Stanley W. Masters.
5. Records of the Hamilton County Department of Job and Family Services, Medicaid Department reveal that the transfer of the real estate described in paragraphs three (3) and four (4) of this affidavit was a proper transfer in accordance with Ohio's Rules and Regulations regarding Medicaid, however, the equity transferred is subject to recovery upon the death of Janet Sharp Masters.
6. By virtue of the real estate described in paragraph (3) above having been transferred by Joint and Survivorship Deed, no estate for Stanley W. Masters was filed wherein administrator or executor was appointed and consequently no creditors, including the State of Ohio, were given the opportunity to present claims against Stanley W. Masters prior to this real estate being transferred to the aforementioned individuals.

10626 2084

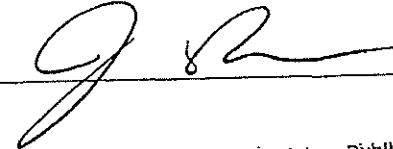
7. The State of Ohio, Department of Job and Family Services is currently pursuing Medicaid Estate Recovery as creditor of Stanley W. Masters, and the State's Claim for \$15,541.68, plus interest from May 13, 2006 has not been satisfied and this claim may represent a valid claim against the real estate described in attached Exhibit A, upon the death of Janet Sharp Masters.

Further the Affiant saeth not.


ALAN H. WEINBERG, #0007708
Outside Counsel for the Ohio Attorney General
Lakeside Place, Suite 200
323 West Lakeside Avenue
Cleveland, Ohio 44113
Phone (216) 685-1039
Facsimile (216) 363-4033
E-mail: aweinbergSC@weltman.com

Sworn to and subscribed in my presence this 13th day of August 2007 by Alan H. Weinberg.

Notary Public


JACQUELINE F. RAMOS, Notary Public
STATE OF OHIO
My Commission Expires Nov. 22, 2008

Prepared by: Alan H. Weinberg

10626 2085

Ohio Department of Medicaid
OHIO MEDICAID ESTATE RECOVERY

What is estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid recipient is deceased. This happens after the death of a Medicaid recipient who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid recipient at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

Medicaid payments for services received since January 1995 are subject to estate recovery. Medicare premium assistance payments made after January 1, 2010, are subject to recovery only when the Medicaid recipient was permanently institutionalized.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid recipient's death, if the consumer was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

When does estate recovery take place?

Recovery from the estate will only be made:

- ✓ After the death of the Medicaid recipient's surviving spouse.
- ✓ When the deceased Medicaid recipient has no surviving child younger than age 21.
- ✓ When the deceased Medicaid recipient has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

Is a person's house subject to estate recovery?

Yes. A Medicaid recipient's house may be subject to estate recovery. If the recipient was permanently institutionalized, any claim from the sale of a house may be delayed while the recipient's sibling or child resides in the home, if specific conditions are met.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid recipient dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid recipient's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery Unit
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215-3130

Information can be obtained online at http://www.ag.state.oh.us/business/estate_recovery.asp, or by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680, or by calling your local County Department of Job & Family Services.

Instructions to CDJFS: In CLRC, record the date that this form was given or mailed to the consumer.