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NOTICE OF CLAIM – NON PROBATE ASSETS

Name
Address

Re: Deceased Medicaid Recipient's Name
Date of Death:

Dear _____ :

Please accept our sincere condolences on the death of the above named individual.

The New York State Department of Health has information that you may receive, or have received assets as a joint owner, heir, beneficiary or survivor of the above named deceased Medicaid recipient or are the person responsible for distribution of the assets in which the recipient had any interest at the time of death. Under Section 369 of the Social Services Law, the provision of medical assistance to an individual who is 55 years of age or older or was permanently institutionalized creates a debt that is recoverable upon the individual's death. The Department's claim is either the amount of medical assistance provided by Medicaid or the value of the decedent's estate, whichever is less.

According to our records, the current amount of Medicaid costs that are recoverable from the decedent's estate is _____. This amount may change since some medical expenses for services provided prior to death are submitted and paid for after the death of the Medicaid recipient.

Recovery against the decedent's estate is deferred during the lifetime of a surviving spouse, certified blind or certified disabled child or while there is a minor child under age 21. If the estate includes the home of the deceased Medicaid recipient, no recovery may be made when a recipient's sibling, who has an equity interest in the home, resided in the home for at least one year immediately prior to the recipient's admission to a medical institution and has lawfully resided in the home on a continuous basis since the date of admission, or when an adult child of the recipient resided in the home for a period of two years immediately prior to the recipient's admission to a medical facility, provided care which permitted the recipient to reside at home rather than in an institution and has lawfully resided in the home on a continuous basis since the

date of admission. Additionally, if the asset subject to recovery is real property, recovery may be deferred if an heir or survivor: has lawfully and continuously resided in the home, beginning prior to the deceased MA recipient's death, and is unwilling to sell the property; is unable to pay the claim in full unless the property is sold; demonstrates the inability to obtain financing to pay the claim; and enters into a written agreement to pay the amount of the claim in accordance with a reasonable payment schedule, subject to reasonable interest.

If recovery is not deferred, it may be waived, in whole or in part, if it will result in undue hardship to the heir, survivor or beneficiary. For example, undue hardship may exist when the asset subject to recovery is the sole income-producing asset of the beneficiary(ies), such as a family farm or business and income produced by the asset is limited or when the asset is real property of modest value (i.e. having a value no higher than 50 percent of the average selling price in the county where the home is located, as of the date of death) and the home is the primary residence of the beneficiary(ies).

Your request for a waiver or deferral of recovery must be received within 30 days of the date of this notice.

If the decedent had an interest in real property, either as a joint owner or through life estate interest, please be advised that a lien may be filed in the county clerk's office in the county in which the property is located. A copy of the "Notice of Post Death Medical Assistance Lien" will be sent to the surviving joint owner(s) or person with remainder interest in the property subject to the Medicaid lien.

Please complete and return the enclosed "Medicaid Estate Recovery Questionnaire" to provide information of the assets in which the decedent had any interest prior to death.

Sincerely,

Name, Medicaid Estate Recovery

Enclosures